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THE PSYCHOLOGICAL COMPENSATIONS OF THE ANALYST

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Much has already been written concerning the requirements of the analyst for his work, the problems which beset him in connexion with transference and counter-transference, and the special dangers he is liable to, such as the increase of omnipotence-feelings, and the lowering of super-ego standards, among others. Not as much attention has been given to the problem of psychological ' compensation ' for the inevitable deprivations experienced by the analyst. It is true that all are agreed by now on the necessity of an analysis, as complete as possible, for the would-be analyst, but does the recognition take us far enough ? The analyst is presumed to be one who can recognize and handle satisfactorily the bias of his own unconscious, and is able to remain master of his own psyche throughout the analysis. In actual fact we know that this is very much a fancy picture, save in the case of the exceptional natures. We know that the analytic situation can be used by the analyst, as it is by the patient, for the gratification of unconscious wishes, especially of those belonging to the pre-genital, and infantile-genital phases (since the latter frequently have been but partially dealt with in the analyst's own analysis) ; or, it may be converted into what Dr. Edward Glover calls ' a viewing process ', thus gratifying the infantile wish to look at forbidden sexual objects ; or the analyst may succumb to the temptation of becoming the consoler and saviour—to mention only a few of the usages to which the process may be turned. Yet all such gratifications must be denied if the analysis is not to be wrecked, and in addition the situation is

made more difficult owing to the sharp contrast between the participants in it.

To forego in perpetuity the gratifications of the loved and omnipotent child, of the revered omniscient father, the pleasures of exhibitionism, of sadism, of masochism, this is no easy achievement : nor is it a smaller one to surrender ourselves to intellectual uncertainty, to remain suspended in judgement, to abandon the desire for comforting quick solutions. Still more difficult, perhaps, is the abandonment of super-ego standards in favour of a freer outlook and a fuller ego-development, whereas the patient on his side may be said to ' luxuriate ' (if the term may be used) in all these privileges.

Since there can never be the ' completely analysed ' person, since the id and its powerful force can never be analysed away, since (as Freud has shown us) the unconscious cannot tolerate more than a certain degree of deprivation without compensation, it seems that we are postulating a fictitious situation unless that compensation is forthcoming.

Three deprivations, as inescapable as they are burdensome, may be taken in illustration : namely, the inhibition of narcissistic pleasure, especially on the pre-genital level (e.g. emotions of impatience, resentment, retaliation) : the inhibition of dogmatic certitude in the intellectual sphere ; and the modification of the super-ego—this last involving the greatest deprivation of all. To put it shortly, the analyst is under the necessity to translate and interpret the patient's material without reacting emotionally to it. But here we are faced with two difficulties : if he should fail in this task then he will nullify the analysis : on the other hand, only through his own emotional activity can he achieve correct interpretation and translation of that material. The work, practical and theoretical, of the great exponents of psycho-analysis, serves to illustrate this.

To allow freely one's own emotional response to one's own material is a very different matter from reaction to the patient's emotions, but the former is as essential to the analytic work as the latter is destructive to it. In *Paradise Lost,* it will be remembered, Milton makes the spirit of God distil three drops of divine essence into the eyes of the outlawed Adam, whereat the latter ' to the centre and core of sight pierced with his eyes ', which suggests a parallel to the emotion which can release the power of interpretative vision. How then may this be arrived at ?

The blinded state of no-vision corresponds to incorporated material which is ' dead ' until emotion breathes life into the dry bones, and

then we ' see ' as did Adam. The essential process appears to be a form of introjection and projection directed towards the material presented by the patient, a situation which parallels the relationship between the artist and the external world upon which he works. This interchange is the way of the artist (with whom we may include the real scientist) and without it ' compensation ' seems unattainable. In a paper called ' The Nature of the Therapeutic Action of Psycho-Analysis ' (which appears in the INTERNATIONAL JOURNAL OF PSYCHO-ANALYSIS, Vol. XV, p. 127), Mr. James Strachey deals with the question of interpretation, and especially with the type named by him ' mutative interpretation ' of which he writes : ' The mutative interpretation is the ultimate operative factor in the therapeutic action of psycho-analysis '.

Here, I think, Mr. Strachey is dealing with the problem I have already referred to. I take it that ' mutative interpretation ' is the product of the analyst's insight, which is born of a direct free contact with his own emotions. This, as I suggest, affords possibility of vision to the analyst, and enables the patient, who is in contact with him, to become more free in his own emotional life, and therefore to change. We are all aware that interpretation—when, how, and to what degree it shall be given—is one of the vital problems for the analyst as well as for the patient, and puts to the test the analyst's relations with his own unconscious impulses. One thing is certain, namely, that interpretation from the analyst, if forthcoming at the appropriate stage and directed truly to its goal, can be of the highest dynamic influence upon the patient's unconscious, causing a ' flow ' of energy towards fresh functioning, on the one hand, and a self-protective aggressive resistance on the other.

Just because it evokes the patient's active aggressive id-energy, equally it can be the moment which evokes the analyst's id-energy directed towards the material (of the patient) which is now a part of himself, and so releases new and richer phantasies, accompanied by a pleasurable sense of movement. As a result there must be a far more favourable attitude on the part of the analyst, with a lessening of unconscious hostility.

What, then, can occur to prevent unconscious hostility and revenge for those deprivations of which I have already spoken ? Can the deprivations be turned into positive gains ? Dr. Sachs has referred to one aspect of the analyst's work which puts him into the position of the creative artist ; namely, participation in a great multitude of

other lives. To few of us, indeed, would this *entrée* be granted, apart from the analytic process, except in so far as we can obtain it through forms of artistic creation, art, music, and so forth: it is in the direction of this 'sharing-in' that we must look for compensation.

But we have to be sure that this 'sharing-in' is a true *sharing* and a *creative* process. If our so-called participation is as more or less passive spectators, our pleasure being largely based upon the gratification of infantile curiosity and identification wishes, pleasure thus obtained will not necessarily prove a true dynamic force; moreover, the gratification may easily mask hostility, more likely to emerge where we are looking on at living human beings. 'Alas, how bitter a thing it is to look through a window at *other* men's satisfaction', as one of our poets wrote.

If 'looking on at' can be changed into 'living from' the experience we are sharing, the inhibitions already mentioned might be changed into positives: the foregone narcissistic gratification exchanged for the pleasure of a lease of fresh life, the modified super-ego standards replaced by less trammelled ego-impulses; and the inhibition of dogmatic certitude by bolder legitimate curiosity. The result of such exchange will enable the analyst to develop in two directions: he can use much more (and more freely) his conscious mind, and can bring to light more of his unconscious.

What I have called 'living from' (in place of 'looking on') may be illuminated if we think of the poet Wordsworth's description of the essential process of poetic creation. He said it must be '*Emotion recollected* (i.e. re-experienced) in *tranquillity*'. And again, think of Hamlet's advice to the troupe of players: '*Be not too tame . . . in the very torrent, tempest, and* (*as I may say*) *whirlwind of passion, you must acquire and beget a temperance*'. In such a way we may really bring about the desired situation, i.e. ability to translate the patient's material, adaptability to his unconscious requirements, but without submergence. Wordsworth and Hamlet demand emotion and passion, and so does psycho-analytic procedure, but subject to analytic 'handling', which is, I think, the parallel of their 'tranquillity' and 'temperance'. Examples illustrating this 'emotion in tranquillity' are known to us all, and I would select as foremost among them Freud's own technique. In the very exposition of it we find in his style (that is, in the vehicle and expression of his psyche) profound emotion and the greatest freedom to use that emotion: his attitude to his material, expressed through words and ideas, might almost be called *joyous*,

and one is struck in reading his work by the identity in this respect with the artist's attitude, who, through the process of interpretation enriches himself, turns a *negative* situation (the result of a gulf between the incorporated material and his own emotional flow) into a *positive* one, and gratifies a highly sublimated sense of power. In respect to Freud's style, friend and foe alike feel its extraordinarily unloosening and illuminating effects, certainly akin to those which any great artist achieves—a Michael Angelo, a Shakespeare, or a Goethe. His writing seems to be in free contact with his own phantasies, swayed by the passion that Hamlet demanded of his players, yet ever under the control of ' temperance ' and ' tranquillity '.

In different kind and degree, we find this same condition in other analytic writers (in Ferenczi and Dr. James Glover, to mention two no longer with us). The freedom for phantasy, little as we may agree with his basic ideas, certainly gave richness and force to the late Dr. Groddeck's writings, and, I should say, effectiveness to his handling of human beings.

The evident delight (born of emotional satisfaction) which the people above referred to obtain from their own freedom makes repercussion upon those in contact with it, and that is what I mean in speaking of the reaction upon the patient of the analyst's real sharing in the experiences with which he is presented. We must discover, therefore, what actually is involved in such ' sharing-in '.

The capacity, on the one hand, for taking in external material, moulding and recreating it, and thereby creating new combinations (the essential quality of the artist in any sphere), and, on the other hand, the power to give out again material which has passed into us and is combined by fusion with our own individual experience ; this must be based upon oral and anal impulse-life, as has been pointed out in numerous researches into creative activity. The production and assimilation of this material has the closest parallel to the taking in and recombining of actual food-material, and the pleasure-activity accompanying the processes.

If the analyst, therefore, can ' eat his own meal ' side by side with the patient's, he has access to a free pleasure (in its sublimated form), and this is what I call ' reliving his own inner sequence '. And just as a meal shared between two people is an entirely different affair from the two individual meals, so a new creation is evolved out of this fused living, which results in new developments in the patient. I am here reminded of a patient of my own—himself a novelist and

poet of some excellence—who used to say when able to release freely his phantasies: 'I feel as though I were having a delightful meal—I feel rich and satisfied inside'.

The sublimated aspect of these processes must be the important issue for us, and it is on the question of the analyst's sublimations that so much turns. This problem seems always with us. How far have we 'true' sublimation, and if 'true', to what extent can it be carried? That is why I have raised the question of 'compensation', for it would seem that too often we are positing a degree of sublimation that cannot be achieved, and that we may even be demanding a 'sublimation' which is only masquerading as such, in so far as it rules out contact with free phantasy.

In relating his cases, Freud so often gives indication of 'living from' the material presented. For example, in dealing with a phase of his case of 'Miss Elizabeth' and her blindness to the meaning of certain very obvious symptoms, he relates how just then he recalled his own striking blindness in a certain situation, revealing peculiar discrepancy between his unconscious knowledge and conscious observation, and goes on to explain and give further interpretation of his own psychic condition at the given time.

It is quite clear that Freud's increased contact with his unconscious material gave him much more freedom: in fact, he writes that he now felt a triumphant feeling of being in possession of the desired knowledge for dealing with his patient's unconscious, and with the next analytic session the latter made great advance. This (only one illustration out of innumerable ones to be found in the case-expositions of Freud) serves me as an example of the analyst reliving his own inner sequence side by side with the patient's similar re-living, a process attended by dynamic effect upon both, the importance of which has been emphasized by Freud himself and many other writers. And here we meet with what is, probably, a fundamental human situation—the need for, and dynamic effect of, this primitive relationship—one which Edward Glover has described as the baby in the patient making rapport with the baby in the analyst, with the result that the baby-patient feels freed from much of his anxiety, feels that since the superior one (the analyst) has been in the dangerous and painful position, but yet has emerged, he can do likewise. Such a rapport must be a factor in every analysis, since without it there could be no sense of movement, and the analysis would cease to be a living process, becoming a 'castrating' one for both analyst and patient.

One of the advantages of ' active ' therapy (in Ferenczi's later interpretation of the phrase) may lie in the production of a greater sense of movement, although when dynamic energy cannot operate, it is probably a question of unconscious bias rather than of technique.

Nevertheless, the ability to ' force ' phantasy in the patient and to tolerate great ' activity ' in the latter, provided it is not a screen for flight from the patient's deeper sadism, and from the analyst's own reactions to this, may be an expression of freedom for the latter's instinctive impulses, leading to a more positive ego-synthesis in the patient.

It is not a case of reacting to the patient's phantasies, rather it is a form of co-operative love-feast, and we know that those who eat together, thereby becoming blood-brothers, may satisfy legitimate demands on the unconscious oral level, and on a conscious sublimated sexual level. To take the introjected material and bring to bear upon it law, order, and unity, is the method whereby unconscious urges are satisfied : to project it again in new form gratifies sublimated desires. This is the work of artist and scientist, and so must it be the work of analyst. We may not, as Freud has told us, take the rôle of prophet, saviour, or consoler to the patient, but may we not—indeed, must we not—become the lover of the material projected by the patient and make it our introjected ' good object ' ? It is this love which will allow of the process I have called ' sharing-in ', if it is strong enough to release the analyst's pleasure-phantasies. And here it may be that we can get help from child-analysis. The child-analyst may show us the way in which more and more deeply the analyst can release his phantasy-life, to the end that there may be a freer flow between himself and his patient. For the child-analyst must perforce be deeply and instinctively in touch with the phantasy-life of the child if he is to succeed at all : he cannot damn up phantasy behind the screen of words in the same way as can the analyst of the adult.

I have no further time to enlarge upon the slight indications I have here given. Perhaps the best summing up of the analyst's danger if he attempts to maintain the fiction of immunity from emotion in the analytic process is to be found in the words used by Freud in reference to Leonardo's tragedy : ' The *artist* had once taken into his service the *investigator* to assist him : now the servant was stronger and suppressed his master . . . he neither loved nor hated . . . he investigated instead of having loved'. It is against such a situation that Freud's forerunner, in the person of Hamlet, protested : ' You

would seem to know my steps and you would pluck out the heart of my mystery : you would sound me from my lowest note to the top of my compass, and there is excellent service in this little organ : yet cannot *you* make it speak'.

The analyst's successful achievement, for himself and patient alike, can best be described if we turn again to Freud and his picture of the artist. The artist, he tells us, (for artist we may here substitute analyst) in contact with the external world (for which we may substitute patient) obtains his material, moulds and illuminates it by fusion with his own unconscious, and presents it again, thus re-shaped, in forms acceptable to reality-demands and to the unconscious of the world (the patient). Through such revelation he obtains a means of release, both for his fellow-men and for himself.

ANTHROPOPHAGY: ITS FORMS AND MOTIVES [1]

BY

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In the Third Edition of *Drei Abhandlungen zur Sexualtheorie* [2] Freud described the earliest pregenital sexual organization, the oral or cannibalistic, in which the sexual aim is the incorporation of the object. In ' Mourning and Melancholia ' [3] he shows how large a part this phase of organization plays in melancholia, while Abraham, in ' The First Pregenital Stage of the Libido ' and ' A Short Study of the Development of the Libido ',[4] indicates its great practical importance. Since the appearance of these studies, an increasingly lively interest has been taken in the effects produced by this, the earliest, sexual activity of childhood in diseases of later life.[5]

In the first of the two papers I have mentioned Abraham analyses a case of ' schizophrenia simplex ' and sums up the patient's characteristics as follows:

(1) The oral zone predominated in importance over the other erotogenic zones. Pleasure in sucking was especially pronounced. The sucking of milk produced a state of gratification.

(2) The functions of sexuality and of nutrition were associated in the act of sucking.

(3) The patient desired to incorporate the object of his wish-phantasies. (He himself described this impulse as cannibalistic.)

According to Abraham, two of the most important and conspicuous symptoms in depressive mental disturbances are the refusal of nourishment and the dread of starvation. He traces both back to an unsuccessful attempt at regression to the oral-cannibalistic level of libidinal development. Sometimes the self-reproaches associated with these instinctual impulses are fairly transparent. Abraham quotes the following example from Kraepelin's text-book of psychiatry:

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[1] Abridged from a paper read before the German Psycho-Analytical Society, June 14, 1930. Published in full in *Imago*, Bd. XVIII, 1932.

[2] *Gesammelte Schriften*, Bd. V, S. 72.

[3] *Collected Papers*, Vol. IV.

[4] *Selected Papers*, Chaps. XII and XXVI.

[5] Cf. also Landauer: ' Spontanheilung einer Katatonie ', *Internationale Zeitschrift für Psychoanalyse*, Bd. II, 1914, S. 441.

' The patient has plunged the whole world in disaster, eaten his own children, drained the springs of mercy dry '.

'The cannibalistic wish-phantasy also appears quite clearly', continues Abraham, ' in one particular form of depressive delusion. In past times the idea of which I speak was remarkably widespread and even now it has not wholly disappeared. It is the delusion that the subject turns into a wild beast and devours human beings. This delusional self-reproach was so commonly met with by psychiatrists of earlier times that it gave its name to a particular state of " possession ", known as lycanthropy. It consisted of a delusion of being turned into a werewolf '.

In the concluding section of this highly instructive paper Abraham says: ' The unconscious cannibalistic impulses, which I believe to underlie certain symptoms in depressive mental disturbances, exist in the normal adult also. Sometimes they appear in his dreams.

' An acquaintance of mine once told me the following dream. He saw a dish containing food prepared for him by his wife. The contents of the dish looked like vegetables, but on the top—as though cooked with the vegetables—were the legs of a child. In the dream they reminded the dreamer of his little son's limbs. He awoke horror-stricken and, in the moment of waking, he was certain that in his dream he had been on the point of eating part of his own child.'

In his ' Short Study of the Development of the Libido ' Abraham introduces a gradation into the oral phase of development; he distinguishes a primary, *sucking* stage, in which the child's libido is fixated to the act of sucking and its love-life is dominated by the longing for this pleasurable activity. The secondary stage is differentiated from the primary by the transformation of sucking into *biting*: biting is the original form taken by the sadistic impulse, and the teeth are the child's first means of destroying external objects. This phase, therefore, may be termed the *oral-sadistic*.

In order to determine how far our analytic findings concerning this level of organization accord with the actual practices of cannibals, it may be of interest to study these practices in some detail. I shall therefore attempt in this paper to give a short account of the forms in which cannibalism has existed and still exists amongst primitive peoples, and of what we can discover of their motives.[6]

The name ' cannibalism ' arose from a misunderstanding. When

[6] The term ' primitive ' is, of course, used throughout in a relative sense, and applies to peoples on very different levels of development.

the Spaniards discovered the Antilles, they found there a savage tribe who ate human flesh and whose members were called 'Caribs' or 'Caribal'. The Spaniards understood the word to be 'Canibal', and ever since then this term (a misconception of the real name) has been applied to those who eat human flesh.

At the present day cannibalism is still widespread; its forms and motives vary greatly, and it certainly existed in prehistoric times. No quarter of the globe has been at all times free from cannibalism; where it no longer obtains to-day, it existed formerly. Rich and poor lands alike have practised or still practise it. It occurs in America from the frozen regions of the Hudson Bay, through the tropics, to the southern extremity of the continent. Anthropophagy has made its appearance in every zone; but to-day it is found principally in the tropics. We meet with it amongst settled, agricultural peoples, as in Africa, and equally amongst nomad hordes, as in America and Australia. It is a significant fact that on the American continent cannibalism occurs not, as might be expected, in tribes of the lowest cultural level, but in those of the highest, the tribes of the north-west, such as the Nootka, Quakiutl and Bella Coola.

Modern authors have often raised the question whether anthropophagy may be due to such causes as a scarcity of cattle or lack of fertility of the soil. They have always come to the conclusion that the practice is to be met with even in places where no compelling external cause, such as famine or scarcity of animals, forces men to devour one another—that, indeed, it occurs in the most fertile regions.[7] On the other hand, no trace of anthropophagy was to be found in a tribe of bushmen who sustained a miserable existence on the larvæ of insects, mice and roots. In the Australian aborigines, however, we have an illustration of the fact that anthropophagy *may* originate from hunger and from the physical conditions of a country, and later grow into a habit. In Australia, unfruitful tracts of land often fail to yield their meagre harvest. The horde then goes out hunting, but other hostile tribes do the same thing. A fight begins, and each side devours the corpses of those of their opponents who are killed. The desire for revenge now provides an additional motive for anthropophagy: the slain enemy has to be completely annihilated, and the Australian eats with special relish the heart and tongue of his vanquished foe, for these are the organs which he believes to be the source of enmity and insults.

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[7] Henkenius: *Entstehung und Verbreitung der Anthropophagie.*

Another motive for anthropophagy is epicurism. In this connection we may note first that all anthropophagists declare that human flesh tastes better than that of animals; secondly, that they do not eat all parts of the body alike, but often make a careful choice and sometimes prepare them for eating by lengthy and complicated methods; thirdly, that they very often mix human flesh with that of animals and with all sorts of plants; and finally that they nearly all state that they do not care for the taste of the white man's flesh because it is too salt. The Fiji islanders regard the tongue, the heart, the liver and the nose as delicacies. It was the custom for anyone who had acquired any considerable quantity of human flesh to share it with his friends, and the omission of this courtesy might even lead to war. In 1871 it was reported of Lomando, the chief of the Baromapulas, that he often had young girls taken captive in order to slaughter them. He is said to have regarded their genitals as the daintiest morsels. Amongst the Niam-Niam the children of female slaves were destined to be eaten as tit-bits, and the same custom was met with amongst the Monbuttu, where children were cooked and served up for the king.

In many primitive tribes every important event is celebrated by a cannibalistic feast. The Haida in North America practise a peculiar form of anthropophagy. After the time of the salmon-catching, they have a feast for which the chief, who is also the head magician, prepares by going into the woods and there fasting for some weeks. This induces in him a state of ecstasy: he rushes about amongst the assembled tribesmen, and here and there bites off pieces of flesh from them and eats it.[8]

The inhabitants of Tahiti, when paying homage to their young king, offered on a plantain-leaf an eye from each of three human victims. The head was regarded as sacred and the eye was its choicest part. This was why it was offered to the king, the head and eye of his people. He was believed to acquire thereby much wisdom and sagacity. Often it is the custom for the handsomest and bravest of the prisoners of war, or those of highest rank, to be devoured first.

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[8] H. H. Bancroft: *The Native Races of the Pacific States*, III, p. 150. 'Amongst a number of children that I knew there was one very aggressive boy, who used to pretend to be a dog and would bite his playfellows one after another and try to pull out tufts of their hair, which he sometimes ate. Little by little, all the children began to imitate him and would snap at one another in fun, like dogs'.

The heart and the brain are regarded as the choicest parts, as being the seat of the virtues, of valour and strength, which the victor seeks to make his own. This is why only chiefs, priests and chosen warriors are allowed the privilege of thus strengthening and adding to their moral qualities. Often it is the prerogative of certain classes, or of a peculiar brotherhood, which possess special heroic virtues; the highest rank of all is the Hametze or man-eater. To ensure the prosperity of the reign of their prince, the Kimbundas (in Portuguese West Africa) sacrifice the bravest of all their prisoners of war. The augur cuts up the corpse and tells the omens from the entrails. He is careful to give each man part of the heart, the seat of valour, as well as a piece of the flesh. Their belief is that they thereby acquire such strength that they will always be victorious in battle.

On the island of Isabel, in the first place the brain of the enemy who has been killed is eaten raw, then the thighs and the rest of his limbs, all to the accompaniment of sacred songs. The genitals are wrapped in a banana-leaf and given to the principal chief as his due. In New Caledonia there is a custom by which each of the natives receives the penis (as the part of honour) of the foe whom he has slain. In the Fiji Islands the corpse is escorted to the temple with special songs and dances, which are performed by women and young girls, who sing and touch the genitals of the corpse with wands. The genitals, as the life-giving organ, were originally dedicated to the gods.

The Tarianas and Tucanos of South America have a sublimated fashion of acquiring the characteristics of the dead. They char the corpse over the fire into a carbonized mass, mix it in the form of powder with caxire and drink it, thinking that, by so doing, they acquire a moral advantage by taking over the dead man's qualities and virtues.

The Dyaks give their boys the meninges and the heart of their slain enemies to eat, to make them bold and courageous. Amongst the aborigines of South Australia an elder brother is held to acquire the physical properties of his younger brother by eating him. In Queensland a mother will eat her new-born infant in order to restore the strength of which, as a fœtus, it drained her.[9] We are told of the

[9] Fenichel has drawn attention to an infantile sexual theory held by some boys ('Some Infantile Sexual Theories not Hitherto Described', this JOURNAL, Vol. IX, 1927): A girl-baby is born as follows: a boy goes back into his mother's womb, being, so to speak, stamped or pressed back into her or eaten by her. There, through the agency of his father, he receives such treatment that he loses his penis. He is then born again as

Jukutes and the Tunguses, Mongolian tribes, that, when their women give birth, the men eat the after-birth roasted or boiled. Kamchatkan women also eat the after-birth in order to be able to bear another child as soon as possible.

Amongst the tribes of Borneo small pieces of dried human flesh are used as a remedy for coughs or dysentery.

Sometimes the devouring of the dead is actually regarded as a consolation in the grief felt for their loss.[10] When one of the Turrbal tribe fell in the ceremonial fight which took place at the festival of youth, his body was cut up by the medicine-man in a strictly ritual

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a girl. In a subsequent paper ('Zur Angst vor dem Gefressenwerden', *Internationale Zeitschrift für Psychoanalyse*, Bd. XIV, 1928), Fenichel connects this theory with the dread of the devouring mother or witch, an idea constantly met with in fairy-tales (e.g. in 'Hänsel and Gretel') and in folk-lore, etc., and he interprets these fears as the anxiety-charged, regressive expression of the boy's incestuous wishes. The mother's womb is represented symbolically as a mill, the devil's mill, hell or the underworld, in which punishment is inflicted and castration threatened. The figure of the 'terrible mother', the witch who eats Hänsel, and the like, appear in patients' associations and, thus determined, the dread of being eaten by the mother may be said in general to be met with in psychoanalyses even more frequently than what Freud describes as 'the child's ancient heritage', the dread of being eaten by the father. Fenichel reminds us of the well-known fairy-tale by Hauff about the dwarf, Nose. The dwarf, Nose, was made to return from market with an old woman and to enter an enchanted castle, where, by means of a magic meal, he was turned into a guinea-pig. In this guise he had to serve her for many years and, when he was finally allowed to go, his nose had grown long. For our present purpose the most interesting point is the idea that in order that one child may be born another must be eaten.

[10] Cf. Freud's account in *The Ego and the Id* of how an object-relation passes into an identification and a lost object is introjected, and also what he says in 'Mourning and Melancholia' about the psychic work accomplished during melancholia. In his 'Short Study of the Development of the Libido', Abraham gives a very illuminating description of the behaviour of one of his patients after the death of a near relative. For some weeks the patient had no appetite for food, though usually his appetite was good. One evening he ate a large meal and, that night, had a dream, the interpretation of which proved to be twofold: on the one hand, it signified the resuscitation of the dead woman, and, on the other, his consuming her body.

manner and was eaten by all the rest. They did this because they knew and loved him and could thus be sure where he was and that his flesh was not decaying. His mother carried his skin and bones about with her for months, and, if she met with another horde, she would produce the skin and the friends of the dead man would cut off a piece of it. The Tangaras are of the same way of thinking: they carry the remains of their dead about with them and, when they experience an access of grief, they eat a piece of the flesh. Often, especially on the Island of Isabel, one sees armlets of human teeth, and fingers, ears or genitals are hung round the necks of the natives.

Many primitive peoples regard the fat of the kidneys as one of the seats of the soul and it is thought to protect them from evil spirits. Their magicians rub this fat into their bodies in order to preserve their magical powers. Other tribes smear their spear-points with it in the belief that it will render them deadly. The Niam-Niam declare that by drinking melted human fat they become completely intoxicated, and that they drink pots containing a quart and a half of it, with the result that they remain senseless for a whole day.

The Australian aborigines rub kidney-fat into their bodies or eat it in order to acquire the dead man's strength. The eating of the fat, which is regarded as the seat of special powers, is believed to introduce the personality of the dead man physically and concretely into the eater. In this way the person who eats him has a sense of bodily union with him. The fat from the face, loins, arms and stomach of the corpse, having been cut off by the nearest relative, is given to the relatives to eat. They partake of it in order to dispel their grief.

Amongst the Ashantis the fetish-man eats the enemy's heart, so as not to be tormented by the spirit of the dead man. The Yamas on the Amazon consume the marrow from the bones of their dead, in the belief that this causes the dead man's soul to pass into their own bodies.

Amongst the Jingkangs, when a little boy is sick, the relations kill his sister and cause him to eat a piece of her roasted flesh, in order to appease the ' evil spirit ' who has caused his illness.

We see, then, that the belief is generally held that the spirit and the virtues of the dead man pass into those who eat him, just as physical strength is increased by other kinds of food. We have a parallel to this in the belief, widespread amongst primitive peoples, that the eating of certain animals or plants imparts special qualities to the eater. No one who is familiar with primitive mentality will be surprised to find that religion and anthropophagy are closely

associated. On the Philippines the priest slays the human victim with a sacred sword, consecrated to this service alone ; he then opens the breast of the corpse and dips in the smoking blood the talismans of the god, which hang round his neck.[11]

In the Vitti Islands anthropophagy is regarded as a sacred rite, and is performed with special wooden forks which must not be used for any other purpose. The vessels in which human flesh is cooked are taboo. The cannibal feasts, at which the heart, the liver and the nose are esteemed as special delicacies, are held in the *bure-nisa* (' guest-house '). The Polynesians also use special, carved wooden forks for their cannibal feasts, and these are handed down as heirlooms and have their own individual names. The fork of one chief, who was distinguished by the amount of human flesh he had eaten, was called *undro-undro*, i.e. ' a little thing which carries a great load '.

The Polynesians give the following mythological explanation of their anthropophagy. They believe that the spirits of the dead are devoured by gods or demons, and that the spirit-part of the victim sacrificed is consumed by the spirit of the idol to whom the sacrifice is made. They believe, further, that the birds in the temple-precincts feed on the corpses of the human sacrifices and that the god approaches the temple in the form of a bird and swallows the sacrifice as it lies on the altar. On some of the islands ' eater of men ' was actually an appellation of the supreme gods. The gods devour the human soul in order to purify or incorporate it. It is in imitation of them that the natives eat their enemies, in order to obtain full possession of them. They eat their relations, on the other hand, because they believe that by thus symbolically performing the activity of the gods they will help the spirits of the dead to attain more swiftly to bliss, possibly also in order to attach the spirits to themselves as guardians.

The question now arises whether the motives professed by primitive peoples really represent their innermost conviction, or are simply more or less skilful rationalizations of the gratification of their pleasure in eating, their cruelty and their desire for revenge.

In order to understand whether the anthropophagist is obliged to repress the knowledge that he is doing something forbidden or worthy of punishment, we must try to transport ourselves into the world of primitive man's emotions, as always when we form an opinion of his views. For example, if we ourselves gave the corpse of a near relative

[11] In this paper I am purposely not entering into a discussion of the obvious connections between totemism and anthropophagy.

to be devoured by dogs, this would from our standpoint be an act of unheard-of disrespect to the dead. The Kamchatkans of Siberia, on the other hand, in the middle of the eighteenth century used to drag the corpses of their dead out of their settlements and leave them near the entrance, to be eaten by dogs. The idea was that the person whose corpse was thus devoured would thereby be enabled, in the future life, to drive on sledges drawn by these dogs. From the standpoint of the Kamchatkans no greater kindness could be done to the dead. All primitive men hold that like must be requited with like, and therefore the dogs would later on show their gratitude to the person who had appeased their hunger.

In general, primitive man makes no distinction between animate and inanimate objects; in his view all human beings and all objects belonging to the animal, vegetable and mineral worlds have powers of their own which they can use to help or to harm, and exercise a reciprocal influence upon one another; a locality, even, can be the cause of a man's death. A saying of the Maori shews how they equate all living beings: 'Why should we not eat men? Big fish eat little fish, dogs eat men, men dogs; dogs devour one another and so do birds, and one god eats another'. It is perhaps worth noting that primitive man often assumes that the gods behave in the same way as he does himself.[12]

In many respects the thinking of children closely resembles that of primitive man; and what we know about identification with an object by way of introjection makes it easy to understand why little girls have the phantasy that they eat up the father's penis in order to have a penis or a baby themselves.[13] I hope that what I have said in this paper explains why the little girl can imagine union with her father only in this way. We all know the phrase: 'I love you so much that I could eat you up': it implies on the one hand a compliment to the person addressed and, on the other, a wish to make his personality the speaker's own. I believe, too, that boys, as well as girls, often have the phantasy of eating the father's penis in order to acquire his potency. Certainly this unconscious motive helps to determine the attitude of passive homosexual men, who have coitus *per os* or *per anum* performed on them.

[12] An exception to this notion occurs in the case of 'celestial gods,' who constitute the highest gods in the religious systems of many primitive and civilized peoples.

[13] Cf. Rank: 'Völkerpsychologische Parallelen zu den infantilen Sexualtheorien', *Zentralblatt für Psychoanalyse*, Bd. II, 1912.

Phantasies of incorporation play a part not only in melancholia, but also in schizophrenia. I once came across a schizophrenic patient who was confined in an institution on account of a stuporose condition. Soon after the beginning of his analysis, he dreamt of vomiting fæces, but could produce no associations to the dream. Some weeks later, he remembered having dreamt of a crowd of people. His association to this was the intestine, and he thereupon told me that he had taken the passive part in the practice of fellatio with various friends. The motive underlying his passive homosexual attitude is, I think, obvious.

In Kraepelin's clinic I saw a catatonic patient who lay rigid, with his head turned over his shoulder. He explained that he could not see the sky, the sun and the Virgin Mary because someone had put a bird into his head or his body. Sometimes the person who did this was the Kaiser and sometimes one of the psychiatrists or attendants who, since his illness, had played a part in his life. But he also declared that these people were the bird itself. It turned out that he recognized them as authorities, but at the same time hated them. I think that he had two motives for his introjection-phantasies: first, a desire to destroy these persons in authority, and, secondly, to make their qualities his own.

Another schizophrenic patient, who had never been able to engage in any intellectual activity, wished to become a psycho-analyst, and persisted in this desire almost to the end of his rather long analysis. Although he had never managed to learn his lessons at school, he thought that he could quite easily acquire my knowledge if I were to die and leave him my library. As the result of an operation, his wife was reluctant to have intercourse with him, and almost the only pleasurable activities in his life were eating and drinking. At the end of his analysis he produced a number of dreams in which his wish to incorporate all my organs became increasingly clear.[14]

An interesting question for the psycho-analyst is how far the customs and ideas which I have described in this paper agree with the more recent findings reported in psycho-analytical literature. The willingness, sometimes met with in primitive conditions, to allow oneself to be eaten is exemplified by the Anziques on the coast of Loango. It reminds us of a young American whom Freud describes in

[14] Cf. Bally: 'Zur Behandlung schizoider Neurotiker', *Internationale Zeitschrift für Psychoanalyse*, Bd. XVI, 1930. Melanie Klein: 'The Importance of Symbol-Formation in the Development of the Ego', this JOURNAL, Vol. XI, 1930.

Hemmung Symptom und Angst. 'As regards Little Hans's phobia', writes Freud, 'his fear was, as he himself said, of being bitten by a horse. In later years we were able to examine the origins of another instance of animal phobia. The animal in this case was a wolf; but it, too, turned out to be a father-substitute. The patient in question was a young Russian between 20 and 30 years of age. As a boy he had had a dream—the significance of which analysis made clear—and immediately afterwards had developed a fear of being eaten by a wolf, just as the seven little kids were in the fairy-tale. In the case of Little Hans, the fact that his father used to play "horses" with him had undoubtedly determined the nature of the anxiety-animal; and in the same way it seems at least highly probable that the father of my Russian patient had, in playing with him, pretended to be a wolf and had threatened in fun to eat him up. Later on I treated a young American whose case helps us to understand the other two cases precisely from the fact that he did not develop an animal phobia. He had derived sexual excitement from a phantastic child's story about an Arab Chief who pursued a "Ginger-bread Man" —a person made of things to eat. The Ginger-bread Man was identified with the patient himself and the Arab Chief was easily recognizable as a substitute for his father. This phantasy formed the earliest basis of his auto-erotic activities. But ideas of being eaten by the father are typical enough among children and are found very early in them; and everyone is familiar with analogies in mythology—Cronos, for instance —and in the animal kingdom'.

Reviewing our material, we note that the principal psychological motives for eating parts of the human body are as follows: on the one hand, the desire for union with the object incorporated and, on the other, the wish completely to annihilate it. These two impulses correspond to the two stages, postulated by Abraham, in the oral phase of libidinal development. The first is the primary, or sucking, stage, of which he writes: 'The child cannot as yet distinguish between his ego and an external object. Ego and object are concepts which have no place at this stage. The child who sucks and the breast (or mother) which nourishes are in no sort of antithesis to each other'. The secondary, or oral-sadistic, stage is that at which biting, the earliest form of the sadistic impulse, makes its appearance.

Steff Bornstein [15] gives a very clear and detailed account of the

[15] 'Zum Problem der narzisstischen Identifizierung', *Internationale Zeitschrift für Psychoanalyse* Bd. XVI, 1930.

instinctual impulses of these two stages in his case-history of a six-and-a-half-year-old boy. Instead of quoting at length, I will merely cite two series of associations made by the young patient. (1) ' Once there was a Christ Child who was Nils ' (Nils was his own name). ' His mother gave him bread and butter—and milk—and sugar—and—then there was a new baby and the mother put her breast into its mouth and into the older baby's mouth. And then the mother was there . . . and she loved the little boy so much . . . and she was very sweet '. And (2) ' There was a child whose mother died and he was very sad and there was a mooing and a maa-ing ! . . . and his mummy wasn't dead at all, only she had a baby and it cried out : Maa maa ! And the new baby was so happy that it wanted to eat its mummy up. So the boy peeped at them. And he howled and everyone was angry with him for howling and he howled till the whole world was dead and he gobbled them all up '. An interesting point is that in this case-history, as in the communication by Fenichel to which I have already alluded, the mother is represented as a mill through which the patient is passed, and emerges again without a ' wee-wee-maker ', as a little girl.

Bychowski [16] communicates the history of a case of schizophrenia which shews the importance of the oral libido even more convincingly than the fragments of case-histories of the two schizophrenics, quoted earlier in this paper. Bychowski's patient in his delusion of persecution projected on to the outside world all his own experiences in relation to his mother's breast and the wishes which had suffered frustration in this connection. He identified himself with the breast : passers-by, he said, pressed his head together, sucked at it and drained it of its contents. People destroyed his head because they were hungry. He thought that a fat person was sucked dry by a thin one. These oral persecutions applied also very largely to his sexual relations and organs. He said that women wanted to be plump and beautiful and therefore they would suck him and roll him into a ball with their heads and teeth. With their vaginas they devoured his penis and testicles. I would remind you how frequently, in the material that I have put before you, we meet with the devouring of male and female sex-organs, or of parts of them, in order to strengthen the sexual functions of the subject. The same feature occurs in the case-history of the neurotic

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[16] ' A Case of Oral Delusions of Persecution,' this JOURNAL, Vol. IX. p. 332.

boy described by Steff Bornstein: 'He wanted to suck his father's penis. He made up phantasies in which his mother had a new baby, but he himself drank milk from the penis. Soon his wish assumed a genital form: "I know quite well you can't do that, I only *think* that milk and 'wee-wee' are the same; but you can drink semen from Daddy's 'wee-wee-maker'"'.

In conclusion, I must point out the importance of cannibalistic ideas in connection with a well-known cultural phenomenon—the so-called ritual murders, whether these actually took place or were merely phantasied. The idea of ritual murder is based on superstition with regard to blood, i.e. on the notions and practices arising out of the belief in the virtue of freshly-spilt blood, especially human blood. The belief that the blood is the real seat of life and soul, individuality, power and health led at an early period to the ceremonies of the mingling of blood when two individuals enter into blood- or half-brotherhood, to the rites designed to recall to life the shades of the dead by libations of blood and, finally, to the idea of atonement of guilt through the sacrifice of animals, and in the cult of Mithras, through washing or sprinkling with blood. The blood of innocent beings was held to be particularly efficacious; hence the sacrifice of children and maidens plays a great part in primordial religious rites and legends (cf. the first-born [Isaac], Iphigenia and others) and also in the healing of obstinate diseases, such as leprosy (cf. the story of Armer Heinrich). A special form of blood-superstition is the accusation brought against alien religious communities that they require the blood of a murdered human being for their expiatory meals.

THE PSYCHO-ANALYSIS OF ASOCIAL CHILDREN AND ADOLESCENTS [1]

BY

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The question whether we are justified in using the term ' asocial ' for purposes of clinical diagnosis has not as yet been the subject of debate. Before discussing it, I will first adduce material obtained in the analyses of six asocial patients, from six-and-a-half to twenty years of age, supplementing it from the analysis of ' naughty ' behaviour in neurotic children of different ages.

Aggression. Willy, aged eight-and-a-half, was strikingly restless in his movements and disagreeable in expression. He stole everything he could lay hands on, was sexually shameless, and unusually aggressive. To all appearances he was entirely lacking in moral feelings or love.

He always arrived too early for the analytic session, in order to disturb the patient before him, with whom I was supposed to be ' pigging together '. At times he played it was ' night ', and put the light out, usually becoming aggressive on these occasions. A dream ran as follows : ' I am a burglar. I enter my parents' bedroom, and take something from them '. His hate was aimed at the copulation of his parents, from whom he wanted to take something (the penis), as they ' pigged together ' at ' night '. Willy used to ' investigate ' the coats hanging in the hall, and steal the contents of the pockets. This he called ' shaving the pockets '. (He used to sing a song : ' The women of the hills have 'em shaved '.) The contents of the pockets represented the phantasied contents of his mother's body. Besides this, his aggression was directed against everything which symbolized his father's penis. His attacks aimed at the breasts, genitals, or anus of the person concerned, and expressed symbolically in relation to the coat-pockets, were a substitute for sadistic homosexual and heterosexual intercourse. At a deeper level, this signified an attack on his father's dreaded penis, assumed to be hidden in the sexual partner.

If Willy saw two people together, he thought they were talking about him ; if the telephone rang, his parents were asking about him ;

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[1] This paper is abridged, also omitting all references and many footnotes, from that published under the same title in *Internationale Zeitschrift für Psychoanalyse*, Bd. XVIII., 1932.

if he saw something he could not read, it must be his address ; and so on. As a result of the projection of his aggression, he regarded everyone as his enemy, and behind every action saw an evil design on himself. He used—and feared—all objects as weapons of attack : money can be thrown, pencils prick, fountain-pens spit ink, torches dazzle. His defence against these attacks, of which he stood in perpetual paranoid fear, took the form of aggression, whereby he only increased his anxiety of retaliation. He wanted to destroy the objects which caused him fear. He once attacked me with a pole he had picked up somewhere, and put up a desperate resistance when I tried to take it from him. Finally, he said he was afraid I might hit him on the head with it. In response to my interpretation that he feared this as a punishment for an equivalent aggression on his part, he became calm and put the pole away of his own accord.

Willy's attempts to part two people in conversation sprang foremost from his jealousy, but were reinforced by anxiety of his parents united against him. At a deeper level, they served a further tendency, namely, to free his mother from the sadistic father, e.g. he wanted to defend her at night against a burglar (his father or his id). Similarly, the destruction of certain objects satisfied his hate-impulses towards the imaginary paternal penis inside his mother, and at the same time allayed his anxiety of it. But it was also intended to free his mother from this imaginary sadistic penis.

Phantasy was unusually inhibited in Willy. The first traces of it appeared during the analysis, when he began to ' spit in patterns ', or when urinating on the couch announced that the stream was a tramway. His inhibition of phantasy and incapacity for mental criticism drove him to act out his aggression in reality. At the commencement of analysis he would get into senseless rages ; after a time he began to base these on reproaches, obviously meant for his parents but directed against me, while insisting that he was well looked after at home, that his parents allowed him everything, etc. (which was not the fact). After overcoming strong resistances, he was at last able to complain to me of his parents, and at the same time his aggressive behaviour, both in analysis and at home, diminished noticeably.

His aggressive conduct represented his reaction to anxiety-situations. He wanted to prove to himself that he was not afraid, that he could be aggressive without dreaded consequences, and to convince himself that real punishments were less terrible than phantasied ones, and also that he could escape them. For example, he would provoke

people of whom he was especially afraid, and then run away. He also wanted to test whether his sadism was really so dangerous to its object. He begged to be allowed to tread on my feet ' a little ', or to step ' gently ' on a picture, to see that it did not get broken. (To be sure, the original aggression broke through more and more, and he kept on stepping ' gently ' on the picture, until it really was smashed, whereupon he reacted with intense anxiety.) His apparently uninhibited acts of aggression were for him already modifications of more primary, more strongly prohibited impulses, e.g. biting.

The repeated destruction of certain objects in my room was aimed at his father's penis hidden in his mother's body. But it was also meant for the dangerous penis in his own body, and represented his reaction to homosexual experiences. After he had scraped together the dirt from the corners of my room, he wanted me to turn the light on his anus, in order to cure him of a dangerous introjected penis. ' Everyone has got a bear in his behind ' (the father's penis). The destruction of the dirt in the room, as well as his frequent attempts to set light to his clothes, served the same end.

While he stole and urinated, seemingly without inhibition, he gave out, as the ground for his aggression towards me, that he was punishing me for having stolen, urinated on the couch, etc. Thus he projected his instinctual impulses on to me, and his aggression represented that of his super-ego towards his id. *The original aggression derived from the Œdipus situation was secondarily reinforced by anxiety and by projection, both of his id-impulses and of the dreaded introjected objects on to external objects*, and the consequent transference to these of his hate for the former. E. Weiss has explained that in paranoia the persecuting introject, and in mania the persecuted introject, are displaced into the outer world, while in melancholia both persecuting and persecuted objects remain internalized. When Willy was quiet—which was not often—he made a most unhappy impression. His rages, by means of which he escaped depression, showed *a mixture of manic and paranoid mechanisms*. In accordance with the manic mechanism, he projected the persecuted introject, as well as his own forbidden impulses, on to external objects, and identified himself with the persecuting super-ego. He overcame his paranoid attitude, which arose from a displacement of the introjected persecutor outwards, by means of aggression. In this way he escaped feelings of guilt, partly displacing his super-ego into the external world, partly placating it with the persecution of the objects on to which he projected his own condemned impulses.

George, aged twenty years, was an unusually quarrelsome and unsociable youth. He was always changing his job, and, although intelligent, had not succeeded in becoming more than an unskilled labourer. Here it was clear that the purpose of his aggression was to ward off the attacks, censure and contempt of which he lived in constant expectation. His paranoid attitude was caused by deeply-repressed sadistic impulses. In this case, too, there was a marked contrast between the manifest uninhibited aggression and the far-reaching repression of sadistic phantasy. George projected his own forbidden impulses on to the objects of his attacks—he himself felt no sense of guilt on account of impulses and conduct which he severely condemned in others. At times he suffered severely from depression, but for the most part avoided it by means of his aggressive behaviour.

Stealing. As was the case with his aggression, so stealing meant for Willy destruction of the feared and hated genitals of his parents, castrating his father, robbing his mother's body. He had started to steal about the time of his aunt's pregnancy. After he had stopped, he still kept demanding money from me, ' to make me poor '. But whereas his aggression satisfied only hate-impulses, stealing accorded with his ambivalence. He stole objects the possession of which by others—originally by his parents, brother and sister—had aroused his envy, partly to *deprive* the others of them, and only partly to *possess* them himself. But his wish to have for himself certain objects was determined not only by a primary *pleasure-hunger*, but also by *anxiety*. By stealing the objects he feared, he got possession and mastery over them, could use them as weapons (against inner and outer assailants). Thefts of food allayed his fear of starvation ; possession of penis-symbols lessened his castration anxiety ; of money, his fear of being robbed of the contents of his body. Once he played at stealing strawberries at market ; on being called to account, he said he was so hungry, his mother wanted him to starve because he played truant so, his father—oh ! he was much worse still. In reality, Willy got enough to eat. His anxiety that he would be allowed to starve went back to frustrations during the suckling period. He at once regarded every frustration as a punishment. His sense of being castrated or robbed of the contents of his body proved to be a retaliation for his wishes to castrate and rob.

For Willy, who still remained largely at the stage of partial love, *things* took the place of love-objects. Thus he said ' pockets ' for people.

' Here come four pockets ' (two people).[2] In stealing the thing he coveted, he obtained possession of a loved person. He was only able to leave me if he took something with him ; then he had me, i.e. a part of me, by his side.

His stealing corresponded to an *oral introjection*. He used to put everything in his mouth. The object stolen at first meant a good penis and a mother's breast, but soon came to signify bad objects, fæces—and then he lost it, or threw it away. Corresponding to his compulsive stealing, and similarly determined, were his unusual ravenous hunger and abnormally frequent defecation. He was continually impelled to steal, since he needed helpful new objects to protect him against ' bad ' introjected ones. But soon, on account of his ambivalence, these in their turn changed into bad objects. He once wanted me to give him a new coin, so that he could throw away his, which was ' shit '. Willy's fear of a piercing introjected penis found expression, among other things, in repeated complaints about a splinter in his foot. He used to carry his money concealed in his stocking. In this way it protected him against the piercing penis inside him.

But stealing also served his purpose of *restoring* the object. Thus he filled my box with pencils (his mother's body with penises, as restitution for corresponding sadistic impulses) ; he shared his spoils with a friend—a father-imago—and so on.

The thefts of (as he thought) dangerous articles were also intended to protect the object, by freeing it from the dangerous penis or fæces. When I reproached him on one occasion for urinating on the divan, he wanted to lick it up. He could only conceive of freeing the outer world from a bad object (such as fæces) by introjecting it, and could only rid himself of it by incorporating it in others. There was a constant alternation between anxiety for himself and anxiety for his object. Thus by stealing things he protected others ; by losing them, himself.

An attractive and gifted, but unusually infantile, girl named Ruth had formed a habit of stealing which had steadily increased since her fifth year, and her character development was critical. Those in contact with her complained of her pathological lying and slandering ; there was no kind of work they could make her take up ; she was insincere, envious and greedy. A teacher characterized her as having no sense of right and wrong, and no real feelings of love for anyone.

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[2] This attitude also corresponds to that of the fetichist. But in fetichism positive tendencies predominate ; in stealing, negative ones.

A psychiatrist's diagnosis was 'moral insanity'. At the time of analysis she was in a home for difficult girls. The principal told me that no girl had ever yet given her so much trouble as Ruth, and added 'and for all that she looks like an angel'. All pedagogic and psychotherapeutic measures had proved useless, and so, *ultima ratio*, analysis was called in aid.

Her behaviour in analysis was at first polite, but aloof and mistrustful. It was clear that her world was out of touch with reality and that she did not acknowledge unpleasant facts. Anxiety and affects came to expression for the first time in a sudden outburst which occurred after some weeks of analysis. She now felt very unhappy and began to develop a washing-compulsion; simultaneously, she ceased to steal. In flight from her severe conflicts, she had reached an apparent adjustment out of touch with reality, which she maintained with the help of her lying and stealing. *Stealing made possible an hallucinatory fulfilment of her unconscious wishes.* For example, she created for herself an illusion of being loved by regarding the articles stolen as presents. These were mainly clothes, finery and food, and signified things which she had envied her mother: at a deeper level, the penis of her father, children, her mother's breast.

Stealing also allayed her anxiety. She once reproached me for taking away her 'lovely brown paint', and then stole something from me. Ruth confessed to me that she believed her genital to be abnormal and dirty. All her anxieties were concentrated in this idea, which meant: (1) destruction as a punishment for phantasied attacks on her mother's body and genitals; (2) the absence of a penis, as punishment for a phantasied castration of her father and brother; (3) the consequences of masturbation and sexual acts in childhood. Her sadistic conception of sexual activity signified punishment from both father and mother; (4) injury from excrement (her 'dirty' genital), which she equated with a bad introjected mother. Her anxiety on account of her abnormal (destroyed, castrated) and dirty genital was allayed by stealing, and later by her washing-mania (displacement upwards).

But she also stole objects which aroused her fear, to get them out of the way. For example, she was once afraid that I might attack her with the scissors and took them away with her. Here the scissors signified her father's dangerous penis.

Stealing enabled her to escape her conflicts and avoid anxiety and aggression. On one occasion she was hardly able to control her rage and envy of me. She stole something; the next moment she was friendly

again. Again, her stealing was connected with restitution-phantasies. It also derived from her strong homosexual attitude. She wanted to adorn herself (unconsciously with a penis) to please her mother.

Although Ruth was highly abnormal, her object relationships were stronger than Willy's, and so, more than his, served to satisfy friendly impulses towards objects. It may be of importance for prognosis, whether the subject's stealing stands more in the service of friendly impulses to objects or hostile ones, whether its aim is to possess or destroy the object, and whether it expresses an object-relationship to particular persons, or whether, in accordance with the stage of partial love, it is emotionally a matter of indifference who is robbed, and interest is concerned only with ' pockets '.

Lying. As is well known, lying gives expression to unconscious wishes, often but thinly disguised, which find no other outlet. Dynamically, the essential factor seems to be that the hallucinatory gratification afforded provides an escape from unpleasant realities ; the conflicts released by frustration, above all anxiety and aggression, are thereby avoided (cf. Ruth, *supra*). Lying represents a flight from reality, words being substituted for acts. I took it as an indication of progress when Willy, instead of stealing, began to lie, a thing he had not done before. Stealing and lying were similarly determined. Lying also has the significance of a flight from phantasy to the reality of words. Words are more real than thoughts, but less real than acts. An eleven-and-a-half-year-old girl, Lotte, lied to such an extent that the school authorities were unwilling to keep her. She had also committed some small thefts. Her main ambition since earliest childhood had been to be a ' good ' girl, with the result that her aggression was so strongly repressed that she was incapable of normal criticism—indeed, she could not allow herself an opinion of her own on any matter, however indifferent. Whenever she reported an event which normally must needs have touched her closely, she would say, ' Mummy says . . . ' ; ' Daddy says . . . ', and when I asked her what she thought about it, she answered, looking at me with a friendly smile and shaking her head : ' I—what should I think about it ? ' It was to be regarded as her first step towards an independent opinion, and as a success for the analysis, when she said one day that she thought coloured Christmas candles were prettier than white ones. She was never able, even when encouraged by her mother, to defend herself against her sister, aged four, who, for example, would pull her hair so hard that the tears came. Phantasy was unusually inhibited in Lotte ; she seemed to have no

emotions, shewed neither joy nor love. Unable to find an outlet either in phantasy or in action, the unconscious impulses broke through in her lying. In trying to play off one parent against the other and both against the school, her lies and slanderous accusations satisfied her jealousy. At the same time, in winning the support of one authoritative person against another, she allayed her anxiety. The only way in which Lotte could satisfy her aggression was by watching two persons injuring one another. When her parents had differences of opinion, she identified herself with the criticizing parent, and so gratified her hate against the person criticized—consequently she endeavoured to bring this situation about. The analysis, by making her aggression conscious and enabling her to express it in a sublimated form in phantasy and in everyday life, gave her greater inner freedom, and simultaneously she gave up stealing and lying. Lotte had suffered from *incontinentia alvi* until her fifth year. At six, she began to lie. Her lying expressed the same tendencies as were contained in the unconscious phantasies which accompanied defecation.

Words were also a substitute for excrement in the case of Harry, a boy of eight. He formed his words, just as in defecating he formed and mastered his excrements. In this way he got the better of his anxiety about words (excrements). His frequent urge to defecate was accompanied by phantasies of grandeur. The same unconscious phantasies were also expressed in lying.

Because of its intensity, an impulse of internal origin is frequently felt as coming from without. Vivian, aged three, once reacted with violent anxiety on not finding her mother in the waiting-room, and complained that her mother had said to her in the train that she would never come again. Later she told her mother that I had definitely told her her mother would not return. In this way she tried by means of her lies to rationalize her 'senseless' fear. There may be only a difference in degree between the falsification of reality effected in lying and the psychotic's denial of reality and hallucinations. Both seek to deny a painful reality in order to escape conflicts; both set internal above external reality. It is often not possible to draw a sharp distinction between *pseudologia phantastica* and the delusions of insanity. But generally the liar, unlike the psychotic, is in some degree conscious of his falsification of reality.

Calumny. Calumny consists in changing an object, in reality good, into a bad one. This process both justifies one's own aggression and arouses that of others. But it also of itself signifies an aggression: the

person calumniated (originally the parents) is disfigured morally, as a substitute for being physically injured. The same tendency governs attempts to provoke unjust behaviour on the part of parents, as well as that attitude which consists in remembering only the disagreeable incidents of their behaviour and forgetting the pleasant ones. The little child will feel the most intense envy of his parents' moral superiority—which is conceived in concrete terms, actually as a physical advantage or property—and this on account of his suffering caused by his sense of guilt. By calumniating them, he takes his revenge, and tries to rob them of this talisman against anxiety. It seems that in calumny a projection of certain mental institutions on to particular persons takes place, frequently accompanied by an effort to make the latter behave as the former do. (The super-ego repels the id-impulses ; the id struggles against the super-ego ; the ego tries to act as mediator.) Ruth, who was greatly afraid of starving, used to complain (untruly) to neighbours that her foster-mother gave her insufficient food, and collected food by begging from them. By assigning to her foster-mother the punitive rôle of a super-ego—transferring her anxiety to a real object—she was able to obtain assistance from other real objects against her unreal anxiety. In other cases the child's own forbidden instinctual impulses are attributed to the person calumniated, while the child himself or a third party takes over the condemnatory rôle of his super-ego. The same mechanism is at work where a child induces others to transgress and at the same time sees to it that they are punished.

Usually the accusations contained in the calumnious statements refer back, in the last resort, to reproaches against the parents' sadistic intercourse. As M. Klein has shewn, the sadistic conception of coitus represents the child's wish that the parents may mutually injure each other ; the child's own sadistic impulses are projected on to the parents. But it seems also to represent an unconscious form of calumny, the aim of which is to induce one parent to prefer the child to the other parent, who is presented in a cruel light.

The unjust reproaches or calumnies proved in analysis to be projected self-reproaches. But these were directed against introjected objects and represented accusations against the parents or their imagos. Perhaps calumny represents a verbal substitute for an act of aggression and is based on the same mechanism. Envious hate and anxiety felt for the parents are transferred to the person calumniated ; at the same time the subject's own instinctual impulses, as well as the

introjected objects, are projected on to him. Accordingly calumny would be founded on paranoid and manic mechanisms. Many delusional ideas—especially persecutory ones—could be regarded as calumnies whose author is no longer conscious of falsifying reality.

Simulation (hypocrisy). I have analysed four patients (Ruth, Lotte, Herbert, and George) who, in spite of their asocial behaviour and defective relation to objects, made an unusually favourable first impression. Thus Ruth ' looked like an angel ', conducted herself very well at first in new surroundings, but after only a few days reverted to her asocial behaviour. The disappointed and outraged environment naturally explained this by saying that her good behaviour at the beginning had only been simulated. Analysis shewed, however, that she had had at first a real intention to be good, in the hope that her foster-parents would be good to her. But her expectations in this direction were so phantastic that they could never be fulfilled in reality. Her own attempts to be good were likewise impracticable in reality. She strove to suppress all her aggressive and sexual impulses, with the result that she could never be good for long, while the forbidden impulses found an outlet in asocial reactions. In general, an adjustment between ego ideal and instinctual life had not been achieved.

Probably in every case of simulation, there is an attempt by the ego to rationalize a process which is compulsive, and it is likely that the transition from simulation to dissociation is an easy one. When an emotional attitude is feigned, it seems that, at the moment, it is felt as true, but that it is not strong enough to obtain a permanent footing. But in that case, what is ordinarily regarded as simulation would be *an attempt to be good carried through with insufficient means*. In practical life, too, it is barely possible to distinguish between the ' weak character ' who wants to be good but cannot, and the hypocrite who only makes a pretence.

The feeling that it is simulated seems peculiarly well adapted to make an impulse seem foreign to the ego, much as forbidden impulses in cases of obsessional neurosis and depersonalization are deprived of affect and so become conscious. Herbert was once surprised by an unusual demonstration of affection on the part of his father. In this painful situation he thought it best to simulate emotion. In analysis it turned out that, although apparently simulated, the emotion was genuine but alien to consciousness. Consciously he sided with his mother, who was living apart from his father; yet he had, simply from love of her (or anxiety), repressed an unconscious love for his father.

Herbert said in analysis, yes, there were three layers : (1) the simulated emotion ; (2) conscious condemnation of his father ; (3) an unconscious feeling of tenderness for him, the source of the (apparently) simulated emotion. I have found this mechanism in other cases too.

Truancy. As is well known, children and young people play truant to escape something unpleasant, lessons, work, etc., and to find something pleasurable in its stead. Truancy occurs when the child has been disappointed by his environment and furthers the search for new ' good ' objects as a protection against anxiety.

The *' good object '* may be represented by *places* or *things*. One manifestation of Willy's truant behaviour consisted in running out of the consulting-room. If he had urinated or destroyed something there, he was seized with fear of suffocation, said the room was ' shit ' and rushed out. He had in phantasy destroyed the room (his mother's body) with the various means at the disposal of his sadism, and so it had become dangerous, ' shit '. The room into which he ran was a new, good, unharmed mother. Often he played truant with the intention of visiting a certain stores where everything he desired was to be found. The shop meant for him a good mother who gratified all his wishes—originally oral ones. Truancy is often connected with sexual experiences or manifest sexual phantasies, but probably it always possesses an unconscious sexual significance. The sexual symbolism of the street and of walking is well known, and sexual experiences or observations made there reinforce the idea. When Willy played truant, accompanied by his friend (with whom he also played homosexual games), and they then stole, this signified for him a sadistic act of coitus, or an attack on his mother undertaken by the two together. In the analytic clinic, Willy rushed out of the consultation room, burst into the other rooms and disturbed the occupants. This represented an acting out of his truant behaviour in the transference situation and represented a sadistic penetration into his mother's body, sadistic coitus and attacks on his copulating parents. In playing truant, he realized his sadistic masturbation phantasies, which were aimed at his parents.

George, who was constantly changing his room and his work, frequently stayed away from analysis and wandered aimlessly about. He would do this, or change his job, whenever something had aroused his hate and his fear that he might get into a rage and kill someone. Running away also represented a revenge for being left by someone.

Elli lived with foster-parents who treated her badly from the age

of one-and-a-half to three years. Her staying away from home in later years was her revenge on her mother for leaving her to these people. In analysis she promised repeatedly to attend regularly henceforward, a promise which she kept as little as her mother did hers not to go away any more. It may be this aggressive significance of truancy which determines the strong sense of guilt, making it impossible for the child to return home, which is associated with it. If Elli stayed away from analysis, she would only return after I had written to her, and so assured her that I was not angry, was still alive, etc. There seem to be always two stages in truant behaviour: in the first, it is motivated by aggression, in the second, by anxiety and a sense of guilt.

But running away also signifies fulfilment of the dreaded punishment. The child who runs away feels abandoned, cast out. All my patients with a disposition to play truant shewed unusually strong anxiety about the idea of being deserted. Running away seems in addition always to represent a modified attempt at suicide; the connection is often a conscious one. Possibly the thought of suicide is invariably associated with the idea of leaving this bad world (mother) for a better one. I would assume that nobody commits suicide unless he has hope in a better hereafter.

I believe that truancy originally signified expulsion. Punishment for fratricide decreed that Cain should be an eternal wanderer, just like the paranoiac whose anxiety drives him from one place to another. Truancy in children may rest on this same mechanism of flight from one place or person to another. It is not ordinarily perceived as such, because the belief in helpful objects is stronger, and because anxiety is bound by the pleasure which springs from real or phantasied experiences. But if prevented for external reasons, anxiety emerges, or an equivalent for it.

Sexual shamelessness. In my paper 'Some Unconscious Mechanisms, etc.,' I tried to shew that excessive and shameless sexual activity is obsessional, affords but little pleasure, and serves as a defence against anxiety. It gratifies not only id-impulses, but tendencies of the super-ego as well. Under the influence of the reduction in the severity of the super-ego which ensues in analysis, sexual activity is once more practised normally, and no longer in an obsessional way.

The use of obscene words. Willy regarded the obscene words—'smut'—which were always 'on the tip of his tongue' as dirt, excrement. Uttering them was equivalent to defecating, vomiting, screaming, and was similarly determined. It signified a surrender, a con-

fession—but at the same time he freed himself from them. By giving them utterance he overcame his fear of the words (excrement), brought them under control and proved to himself that they were innocuous. Obscene language expressed his desire to damage and dirty others and to assault them sexually. Similarly he felt and feared my interpretations, with their references to sexual matters, as an attack—an important motive for his unusually strong resistances. He said that *he* might use these words, but *I* not. Here he assumed the rôle of his father and ascribed to me that of a child. Obscene words, like sexuality, were the prerogative of his father. It is remarkable that while Willy knew and constantly made use of the various obscene expressions, he had only hazy ideas about sexual processes and was unable in analysis to ask questions about them. His obscene language represented a flight to a reality of words; instead of an intellectual, sublimated preoccupation with sexuality, he made continual use of sexual expressions, without, however, being able to give them real ideational content.

Roy, a strikingly restless and aggressive boy of six-and-a-half, had developed the habit of using bad language. In general, words were of great significance for him. Although he stuttered, he talked unceasingly, showing a preference for certain phrases to which he attributed a magical significance. He regarded the words used by his parents as attacks—blame—and tried to retaliate with others of equal efficacy. By using obscene expressions, he shocked his parents and so attained his wish to make a powerful terrifying impression. Words also carried the deeper significance of excrement, while verbal attacks represented a modification of more dangerous ones, but, like his copious urination and defecation, also served his restitution tendencies.

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While the normal individual is moral, and the neurotic over-moral, asocial subjects are amoral. As is well known, the over-moral nature of the obsessional neurotic derives from the excessive severity—hypertrophy—of his super-ego, and so it is not a far step to the inference that asocial lack of inhibition results from an hypotrophy of the super-ego. Various writers have come to this conclusion, regarding the phenomenon of absence of guilt as determined by a defective development of the super-ego.

But the problem seems to be more involved. During puberty, George had stolen, but without experiencing feelings of guilt. He remembered, however, that until he was about ten years old he had

condemned stealing as specially wicked. At puberty a progressive withdrawal from objects had taken place; simultaneously his sense of guilt disappeared. At that time, he told me, he had ascertained that others were still worse; why, then, should he have felt guilty? This paranoid projection was the way he found to a solution of his conflicts: his withdrawal from objects spared him guilt and enabled him to indulge in asocial conduct without inhibition. A twenty-four-year-old schizophrenic patient with persecutory delusions shewed a remarkable lack of ethical feelings and an apparently complete incapacity for love. In analysis, we found that in the latency period he had had strong feelings of guilt; at puberty, these had vanished. It was then that persecutory ideas emerged. Analysis was successful in removing these, and at the same time the patient was able to reach a positive object relationship to me, accompanied at first by excessive, and then by normal, feelings of guilt. But it was only during the analytic hour that he now experienced a sense of guilt: the rest of the day his affectless condition persisted. I was the only object for whom he felt love, and so guilt.

In these analyses I found that a sense of guilt develops only where a positive object-relationship exists, and passes away when this does. Guilt is felt only towards the 'good', ambivalently-loved object, on account of the simultaneous presence of aggressive impulses; the dreaded 'bad' object arouses anxiety. The more strongly the primary impulses of aggression persist, the more intense is the sense of guilt.

Guilt arises from the conflict of ambivalence, and if this is intolerable its solution may require that the positive relationship be given up. In consequence of the projection of the subject's own aggressive impulses, the object, hitherto loved ambivalently, becomes 'bad', and guilt is transformed into anxiety.

Thus absence of a sense of guilt may not be due to the lack of a super-ego. The super-ego of these patients, whose asocial actions did not arouse in them any sense of guilt, manifested itself in anxiety of their introjected objects, although this anxiety was in part projected on to external objects. I found that in spite of their lack of a sense of guilt these patients were all very unhappy and unusually inhibited in social or sublimatory activities; that their asocial behaviour invariably served also the purposes of the super-ego; and that their sense of guilt was expressed by way of projection. An intense anxiety ruled them, but this could not become apparent apart from analysis, because the neurotic (or psychotic) anxiety had (1) assumed the form of real

anxiety and had reinforced this; and (2) was mastered by means of their asocial behaviour.

The capacity to tolerate guilt may depend on a number of interconnected factors and their reciprocal influence: (1) the ability—in the main constitutionally determined—to endure tension; (2) the extent of guilt feeling, which will depend in an equal degree on the severity of the super-ego and the intensity of the aggression present; (3) the extent to which the sense of guilt is libidinized. It seems that the greater the degree of libidinization, the closer will be the approximation to moral-masochistic phantasies, and the more easily will the ego tolerate it; (4) the possibilities open to the ego to rid itself of guilt by means of attempts at restitution directed to real objects. If, whether for internal or external reasons, these efforts are unsuccessful, an essential increase in the sense of guilt results. Thus his father's incurable illness greatly heightened X.'s sense of guilt, since it seemed to confirm the omnipotence of his destructive impulses and the powerlessness of his restitution tendencies. The less the individual is in a position to tolerate guilt, the more easily will recourse be had to the paranoid mechanism of projection, the basis for the conversion of guilt into anxiety. If the ambivalence conflict lessens and positive impulses become stronger, guilt again emerges in the place of anxiety.

The weaker the subject's belief in helpful objects and the greater the anxiety caused by a cruel super-ego, the more intense will be his need to seek protection in external objects. If this flight to objects is wrecked by excessive anxiety, an asocial attitude results; if it succeeds, we find the picture presented by 'social anxiety'. Herbert was possessed by one idea, to give everyone his due, or, better put, to do nothing to displease anyone. This extensive social anxiety sprang from a paranoid attitude. He could only escape his ideas of persecution and reference by satisfying external objects; he could only propitiate his super-ego by an excessive obedience, by making up for the original aggressive impulse to defiance (to do the opposite of what he was told), which in projection brought about his ideas of persecution. Analysis effected a libidinization of his super-ego, with the result that he is now capable of an active and independent attitude.

It may be that where good introjected objects predominate, a social attitude depends on an identification with them and is adopted for the sake of the narcissistically loved parent-imagos (ego-ideal). Where bad introjected objects prevail, a social attitude may result,

but from anxiety of them, from fear of a cruel super-ego.[3] Just as piety may be motivated by fear of the torments of hell as well as by love of God, so there may be two kinds of morality, one based on fear, and the other on love. Naturally, the distinction is a schematic one ; in reality morality would in every case be based both on love and on fear—it can only be a question of which factor predominates. The more the subject is actuated by love for his ego-ideal and not by fear of his super-ego—the greater will be his social adjustment, and the more independent his moral attitude ; though, to be sure, there is nobody whose moral judgements are quite independent of their environment.

Accordingly, the predominance of benevolent introjected objects, a sufficiently extensive libidinization of the cruel super-ego, would create the foundation for inner independence and a stable morality. This process, which succeeds up to a point in the course of normal development, is given a stronger impetus by analytic therapy. As is well known, analysis lessens the severity of the super-ego without destroying the patient's moral attainments. It is able to do so because it brings about not the destruction of the super-ego, but its libidinization, and simultaneously a strengthening of the ego and the ego-ideal. By interpreting sadistic phantasies, the analyst shews his understanding of them ; his imperturbable attitude proves that he does not retaliate in kind ; and so he breaks through the mechanism of projection and strengthens his patient's belief in good objects. In consequence, he effects a libidinization of the super-ego, and by making possible an identification with good objects, of aggression as well. Beryl, aged two-and-a-half, acted out urethral-sadistic phantasies of which I was the object by spilling water on the floor. While she continued splashing about, I took off her wet dress and dried it in front of the stove. Suddenly she began to put things in order, saying again and again :

[3] In the pages which follow, I attempt to draw a distinction—necessarily schematic—between ' ego-ideal ' and ' super-ego '. I take ' super-ego ' to refer to the more strongly desexualized imagos, which are incorporated in the early stages of development and felt to be phantastically cruel. The imagos, narcissistically loved and nearer to consciousness, which go to make up the ' ego-ideal ', are mainly perceived as good, and are desexualized less—or libidinized more—thus approximating more closely to real objects. While in many instances (young children, asocial and psychotic subjects) we find a total or partial failure in the development of the ' ego-ideal ', the super-ego is never lacking.

' I'm making it nice and tidy for you '. As my dreaded revenge did not occur, and I did not so much as scold her, I made it possible for her to effect an identification with me in a social manner.

Libidinization of the super-ego succeeds up to a point in the course of normal development : the efficacy of imagos which arouse anxiety is lessened, anxiety-situations are given up or modified, and the ego-ideal is established. The parents, by not retaliating, or, at any rate, by not retaliating in the way the child fears, strengthen his belief in a good object. The ' good ' object is, indeed, not simply a person who affords pleasure, but one who *loves the child in spite of his aggression and does not retaliate*. By incorporating kindly parents, the child gradually attains inner independence. Absence of the loved object may be calmly endured by a child who has incorporated it to a sufficient degree and is able to preserve an image of it in phantasy.

It seems that modifications of the super-ego can occur even in later life, if actual experience reinforces a belief in phantastically good or phantastically bad objects. Elli's childhood was marked by strong obsessional-neurotic and depressive traits and symptoms. A holiday spent at the age of nine brought her together with a young boy called Fred, who was very good to her and took her side against the women who had charge of her. Elli's phantasies of a good father had found no sufficient basis in reality, as she had grown up without a father until the age of three. Fred seemed to realize her ideas of a good father. This experience resulted in a complete change in her character and in the disappearance of her obsessional-neurotic and depressive traits. To be sure, with the onset of menstruation two years later hysterical symptoms appeared, accompanied by a peculiar sexual behaviour, which could be described as a compulsive attempt to attain to the genital stage and as a search for a substitute for Fred. The experience with Fred had not effected a complete cure, but it had brought about a lasting change in her super-ego and attainment of a higher (phallic) stage of libido-development.

The extraordinary pedagogic successes obtained by Aichhorn with asocial adolescents may have their basis in a similar process. By not punishing them, by not requiting their aggression, Aichhorn strengthened their feeble belief in good objects, and gave them the possibility of effecting an identification with him in a social manner. So too the early Christians proved by self-sacrifice that they set forgiveness and love in the place of vengeance and justice, and so made possible belief in a kindly God.

But it seems that cures achieved by human kindness, or by pedagogical or religious means, can never be so complete as those effected by successful analysis. For as in real life only remote derivatives of the original sadistic impulses are admitted to consciousness and action, it follows that they alone can be forgiven, and so only an incomplete proof of the existence of a kindly, understanding object who does not retaliate is possible. Further, the kindness shewn by the object itself evokes a sense of guilt, which works against aggression becoming conscious. Analysis, on the other hand, creates again and again a situation in which the most severely condemned and primitive impulses of all call forth not retaliation, but understanding. It can do this because its conscious purpose is discovery of the original prohibited impulses and because dosage makes aggression, anxiety and guilt tolerable.

But this instance of the lasting beneficial effects of an experience is a relatively rare one. Usually, love for an object succeeds in lessening conflicts and anxiety only so long as the relationship is maintained. The individual is for the most part unable really to recognize love and kindness, since the predominance of bad introjected objects has as a result the projection of them on to objects in reality good, and so introjection of a good object is prevented. I found that analysis, by lessening the efficacy of bad introjected objects, *changes* not only the patient's relations to objects, but also his accessibility to influence and *capacity for identification*.

Willy was very easily influenced by people, but never permanently so. For him, a new object meant the ' good ' object ; he accepted with enthusiasm advice given by this person or that, only to free himself from him just as hastily when imagination had transformed his friend into a bad object—similarly, he freed himself from the food he gulped by frequent defecation and from the objects of his many thefts by losing them. Herbert was obliged to adapt himself to everybody, just as he ate everything, but relished nothing. This attitude was determined by his sense of inferiority and by over-compensation for his aggression. He had to be satisfied with everything, however bad ; he might not make a choice, seek for better parents, give a refusal, or contradict anyone. X. was inaccessible to influence, because he regarded all objects as bad. He continually complained that the food his mother gave him was bad and dirty ; during latency, he had eaten fæces.

Psycho-analytic literature contains repeated references to the fact

that absence of suitable prototypes in childhood has a baneful effect on the formation of character. Perhaps of still greater moment than these external factors are those internal ones which are decisive for the subject's capacity for identification. It seems that the reasons *why* a child identifies himself with a particular person, in a particular way, at a particular time, and in a particular manner, are precisely determined down to the last detail. Of the problems pertaining to this field, so significant for the psychology of the ego, I wish here only to discuss the important one, in relation to asocial character formation, of *identification with bad prototypes* and to adduce some determinants for this.

Teachers all complain at times that children prefer to follow a bad example. Often this may be determined by the fact that the child feels a special interest for the thing he has been forbidden to do, unconsciously regarding it as a ' good ' object refused by his parents.

The tendency to seek bad company frequently springs from a deep sense of inferiority. In so far as X. was capable of object-relationships at all, these were confined to persons of marked inferiority (just as he had eaten fæces in childhood). Also he wished to avoid contact with a good object, so as not to dirty it or destroy it. X. grew up in shocking surroundings. In addition to much else, his father had been guilty of various dishonourable actions, and his mother had numerous sexual relationships. X. likewise committed dishonourable actions and had numerous sexual relationships. But analysis shewed that it was not simply a question of a ' criminal super-ego ' (Alexander and Staub) ; that the cause for this conduct was not that he had never been set a better example, but the necessity he was under to suppress his ambition (derived from the Œdipus complex) to be superior to his father in every way, morally as well. To be respectable meant that he would have power over his father, could hand him over to the law. Lotte, who repressed all criticism, likewise failed to recognize that her mother had lied to her in sexual matters, but she lied herself. By carrying out the objectionable action oneself, it becomes impossible to reproach others for it ; but aggression breaks through, in that the reproaches so drawn upon oneself are conceived of as aimed at the real culprit.

Owing to his intense sense of guilt, the child finds the moral superiority of others intolerable. This gives rise to efforts to make them bad. X. said he wished to induce his mother to treat him badly ; the knowledge that she was a bad mother would hurt her. But then, as a punishment, he was obliged to be bad himself—being bad in itself,

irrespective of consequences, was a form of punishment. If we reflect how much aggression can find expression in model behaviour (Lord, I thank Thee that I am not as other men are), we can understand that the super-ego may require one to be bad. X., who did everything to create a bad impression, opined that others should really be grateful to him, because if he were good they would feel it as a reproach. Likewise, if he sought for company morally or socially superior, he viewed this as an act of aggression towards his parents (this attitude may be characteristic for asocial individuals, who can only be friends or followers of those whom society has outlawed). Identification with his father's faults was the sole manifestation of the deeply repressed love which he felt for him in spite of all his worthlessness and inferiority. Freud describes the phenomenon of a ' borrowed sense of guilt ' as being often the only trace of an abandoned love-relationship. It seems that we can also speak of a ' borrowed guilt ' which arises in a similar way.

Whereas normally the child identifies himself with admired parental models, a pathological incapacity for identification with ' good ' objects may arise in some cases. Because of his excessive hate for the moral superiority, possessions and potency of his father, Willy was unable to effect an identification with him, since in that position he too would have had to fear similar attacks from bad, dispossessed and oppressed people. The criminal, whose enmity is directed against the possessing classes, but rarely succeeds—and surely for inner reasons—in becoming one of them himself ; he is unable to take the place of the potent father, and forever remains the hating, envious child.

When the child in his imagination transforms his parents into ' bad ' objects, this process, which takes place in phantasy, resembles conscious calumniation, and in fact provides the basis for it. Misrepresentation of the parents on a moral plane has its sources both in aggression and in anxiety. It results from the child's projecting his own sadistic impulses on to his parents ; thus the child's idea of them is modified by his own instinctual impulses. This process is of great significance for identification, since the child identifies himself, not simply with his real parents, but with the more or less distorted imago of them he has set up.

Anxiety may be an impelling motive to identification with a supposed criminal father. Only by being equally cruel, criminal, etc., whether in reality or phantasy, is it possible to compete with him.

Willy's inability to effect an identification with his father's good

qualities proved to be the main reason for the *inhibition of his sublimations and phantasies*. Acute anxiety prevented him from occupying himself, whether at work or play, for any length of time. Intense anxiety and aggression, and the absence of normal tendencies to restitution defeated the attainment of a normal balance between his instinctual impulses and reactive tendencies in an ego-syntonic form of sublimation. But the fact that sublimated activities brought him no satisfaction and that this normal mode of mastering anxiety was barred contributed to a further increase in his anxiety and aggression.

The absence of normal restitution tendencies was, in Willy's case, extensively determined by his hopeless attitude, which was bound up with his lack of belief in good objects. Every attempt to repair damage (whether done to his own body or to his objects) was abandoned as futile. Efforts at restitution appear to be based on an identification with a good object, and are realized only in relation to an object of love. The bad object arouses feelings of purely destructive intent. There may be a mutual interaction between tendencies to restitution and the belief in a good object. The latter provides the necessary condition for the former, and these, when projected, increase the belief in a good object. Since Willy, who had but a shadowy belief in helpful objects, might not identify himself with a good object, he was unable to develop normal tendencies to restitution. Such impulses as he had in this direction were expressed in their most primitive forms, intimately interwoven with aggression. Thus after expressing a wish to return money he had stolen, he would spit, or prepare to defecate. As his phantasy pictured the stolen objects (originally penis and excrement) as dangerous, to give them back meant endangering the person for whom they were intended. This he could only avoid by giving up his restitution tendencies. But they also meant endangering himself. For example, he asked me to sweep the room clean, because he was afraid to come into contact with objects symbolizing urine or fæces. Since in his phantasy objects were almost wholly bad, he could only free others from their badness by himself incorporating them. But then, when he wanted to free himself, he could only do so by injuring others. Bad things could not be made good, because he had no belief in good things.

Characteristic of asocial types is the imperative need for immediate instinctual gratification and inability to renounce pleasure. This uncontrollable thirst for pleasure may be primarily determined by a constitutional intolerance of tension, presumably present from the very

first, and is reinforced in the course of development by the fact that every frustration releases anxiety and aggression, so that tension is still further increased. It may be a general rule that an excess of destructive impulse releases an imperative need for pleasure and libidinal gratification, for only the libido can neutralize the instinct of destruction. This excess helps to make frustration intolerable, insofar as frustration will arouse aggression which in asocial cases is too intense to be mastered. Thus a patient will steal in order to escape his impulses to kill which would be released if frustration were acknowledged.

A child is only able to renounce gratification if he can hope for it at a later time or in a different form. Ruth and Willy, exceptionally greedy children, were very much afraid of starvation. As they thought that every meal was going to be their last, they always ate as much as they possibly could. Gratification is felt as a proof of the existence of good objects. The firmer the belief in an object, the less great is the need to rely on such crass forms of proof. Gratification vouchsafed by the mother serves also as a reassurance that the object is able to be good, that the child has not turned it into a bad object or robbed it of all that is good.

Normally the relation to a good object is partially replaced by identification, by granting to others the satisfaction once desired for oneself. When an identification of this kind takes place, and the good object is internalized, the social attitude which results also furnishes proof of its goodness. Identification with the person to whom one is good brings enjoyment of the pleasure given. In this way social conduct makes it possible to renounce direct satisfaction of instinct.

An hallucinatory gratification in phantasy makes the renunciation of a real one more tolerable. But this can only happen if the idea of the object desired is a sufficiently living and active one. Inability to effect normal renunciations may be an invariable accompaniment of severe inhibitions of phantasy. I have emphasized the extent to which the phantasy-life of these asocial patients was inhibited.

Asocial patients who remain at the stage of partial love substitute *things*—food or a favourite place—for persons as objects of desire, and the satisfaction derived from them replaces love for objects. The theft or destruction of a thing takes the place of love or hate for a person (or the person's genitals and breasts). For the truant, places assume the significance of good and bad objects. Those who lie or use obscene language displace affects originally aimed at persons on to words, which are equated in the unconscious to excrements or the introjected objects.

It may well be that every regression to partial love is the result of anxiety. The small child, whose mother is so superior in every way, is only capable of a relation to her as a person if he regards her first and foremost as a ' good object '. But if the anxiety she inspires is too strong, the child can only have a relation to her breast, which can more easily be mastered, i.e. the child regresses to the stage of partial love. The further elaboration, according to which a person is replaced by a thing, likewise serves to allay anxiety, since an inanimate object is regarded as less dangerous than a live one. But this substitution also signifies a murder, and love for the thing so substituted would therefore represent an over-compensation for aggression. The asocial person's imperative need for pleasure is perhaps to be explained by difficulties in his object-relationships and his regression to the stage of partial love of which they are the cause. In these analyses the asocial child attained to a social attitude when anxiety was allayed by love towards persons, and no longer by food, thieving, etc. At the same time, the children were far more contented and happy than before, for object-relationships and reconciliation with their ego-ideal offered them more satisfaction than their asocial actions. The fact that a change of this kind can be effected even in cases in which no improvement in reality conditions takes place, proves that it is not a primary pleasure-hunger which provides the most powerful stimulus to asocial conduct. Willy, who said he grabbed because he found it fun, and added longingly ' because I have such a sweet tooth ', gave up stealing when his anxiety grew less, although not much was done about his tooth.

In every case, after only a short period of analysis and without his being influenced by me in any way, the patient began to feel the compulsive nature of his behaviour, although he had hitherto regarded it as pleasurable. It seems that the asocial conduct, originally compulsive, is secondarily libidinized, and is thenceforward felt as pleasurable and not compulsive. ' Often a rider, if he is not to be parted from his horse, is obliged to guide it where it wants to go ; so in the same way the ego constantly carries into action the wishes of the id as if they were its own ' (Freud). Weakness of the ego may be the reason why the asocial subject at first identifies himself with his conduct. When in analysis his ego becomes stronger, he tries to fight against his asocial actions, and, finding himself powerless to do so, recognizes their compulsive nature. Those patients who have recognized it from the beginning have a better developed ego.

Thus the asocial subject's lack of insight would be caused by weak-

ness of his ego. Elsewhere I have tried to shew that lack of insight into one's illness is to be evaluated as a symptom, expressing a defective relation to reality. A patient has no insight into his illness if he fails to recognize clashes with the outer world—external reality—or his own conflicts—internal reality. In analysis insight into one's abnormal, asocial behaviour develops spontaneously, as relations to objects and to reality increase in strength. Thus Willy begged me to treat his friend, because ' he still grabs more than I do '.

All these patients (except Roy) had had to suffer numerous deprivations in earliest childhood. The fateful effect of an unfavourable reality consists in its making a flight to reality more difficult. Since reality provides insufficient proofs to counter phantastic fears, and since lack of instinctual satisfaction makes it impossible for anxiety to be libidinized to any great extent, and external difficulties prevent it being worked over in a normal way, anxiety assumes an increasingly paranoid character. Early deprivations resulted in specially intense anxiety, first because belief in a ' good mother ' could only develop feebly, and secondly because the strong hate evoked by frustration was dealt with by projection.

Elli, Willy and Lotte each came between the ages of two and three to a normal environment in which they were shewn sufficient love, but this did not materially affect the faulty course of their development. For it is not the early deprivations which cause errors in development, but the abnormal inner attitude for which they are responsible. Consequently such errors can only be cured by correcting this attitude, and not by a later attempt to compensate for the early deprivation.

Whereas many patients are insatiable and incapable of satisfaction in their demands for love, others are unable to tolerate friendliness—though they never tire of asking for it. They suspect it of concealing a hostility, which is all the more dangerous because secret. I gave in to Willy's persistent demands and bought him for his birthday a few small toys which he had himself chosen. The effect of this present, so passionately desired, was astonishing. Willy's anxiety increased to such an extent that he did not come to analysis for several days and wanted to break off the treatment altogether. The presents had assumed the significance of a bad penis and of dangerous excrement, and so on. The paranoid attitude of these patients, who scented danger in every act of kindness, was determined by the projection of their own attitude : on account of the intensity of their ambivalence,

friendly intentions at once became infused with aggression, so that every action became an expression of hostility.

It is true that in all the cases I have analysed, unfavourable experiences led to an abnormal development, but my impression is that these external factors are not to be regarded as its exclusive causes. I should be inclined to regard an incapacity to tolerate tension as a constitutional motive of great significance for these patients. How far other endogenous factors were operative, e.g. such as cause an excess of the instinct of destruction and an incapacity to libidinize it, I am unable to decide.

While in the other cases immediate precipitating causes could not be established, in those of Willy and Lotte the decisive event was going to school and being separated from their mothers, whom they had hitherto always been with. The mother's presence strengthened their feeble relations to objects and signified a protection against all their phantastic fears, as well as against their own instinctual wishes. Thus on one occasion, when I went out to get something, Willy said he would rather come with me, so that he might not get into mischief while I was away. But leaving the mother also signifies a fulfilment of aggressive impulses, of the wish to be rid of her and to find a better one. As a punishment for this wish, the child fears that it may get an even worse mother. Belief in a ' good ' mother must already be strong for the child to be able to love her even when absent. But the belief that the mother will return arises only if love is felt for her while she is absent.

It seems that the weakness of his ego puts the asocial individual more than usually at the mercy of objects for protection against the threats of his super-ego and the onslaughts of his instinctual impulses. For this reason, external experiences which strengthen or shake his belief in helpful objects may possess greater significance for him than for the neurotic.

Willy, George and Roy had a completely paranoid attitude, which they mastered by means of their asocial behaviour. Ruth and Lotte effected such an extensive denial of reality, and repression of phantasy and affect, that they would probably have developed schizophrenia, if the possibility of giving expression to their phantasies and affects in asocial actions had not been open to them. *Asocial behaviour represents a flight from paranoid phantasies to reality, and may accordingly be regarded as a spontaneous attempt to cure a psychosis in its initial stages.*[4]

[4] Edward Glover, in his paper 'The Etiology of Drug-Addiction',

Abraham has shewn that the point of fixation for kleptomania is the early anal stage, and this we also know to be characteristic for paranoia. With all my asocial patients I found that their libido development corresponded to the late oral or early anal stage, and that the predominance of bad introjected objects characterized the structure of their super-ego. Since their super-egos were formed in early stages of development, their libido-development was still at an early stage, and their object-relations that of partial love, their mental structure approximated to that of psychotics. Whereas, however, the psychotic has almost entirely abandoned relations to real objects, the asocial subject has retained them, but they bear an almost exclusively negative character. The existence of a relation to objects, be it but a negative one, makes it possible for asocial subjects to attempt a cure by flight to the reality of asocial behaviour.

The type of asocial patient here described,[5] who has developed neither capacity for love nor reaction-formations, shews no guilt, and

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has shewn that drug-addiction represents an attempt to cure a psychosis. Accordingly drug-addiction and asocial behaviour (or criminality) may be regarded as belonging to the same level. Further points of agreement would be that (as with the perversions) the pleasure-gain in both cases is greater than that offered by the neurotic symptom ; and that misbehaviour is the asocial subject's only way to a relation to the external world, just as the drug constitutes the addict's sole means to this end. An essential distinction consists in the predominance of introjective processes in drug-addiction, and projective ones in asocial behaviour. To be sure, the external world in which this behaviour is carried out also signifies the subject's own body, and stealing represents an oral introjection.

[5] I do not think it justifiable to apply the term ' asocial ' to every child who has at one time or another been guilty of asocial conduct. A child who has not at some stage in his development stolen, lied or played truant hardly exists. The extent and nature of the asocial behaviour, but above all the patient's reaction to it, and his whole inner attitude (his lack of capacity for love, etc.), are the important factors for diagnosis and prognosis.

In this paper I have confined myself to cases in which asocial reactions were determined by inner conflicts, and not by economic need. In the latter type of case the problem is more a social than a psychological one, although it should not be forgotten that psychic factors determine the various reactions to frustration and that external need, in addition to possessing the significance of frustration, is apt to reactivate all the earlier conflicts.

is apparently driven only by the wish for pleasure and restrained only by punishment—a type most clearly represented by Willy—corresponds to the adult ' born criminal ', and coincides with Alexander and Staub's 'normal, not neurotic, criminal'. But if one may draw inferences from young delinquents to adult criminals, we should in fact have to do with *psychotic criminals* in these cases. Just as the neurotic criminal does not exhibit a manifest neurosis, his criminal behaviour replacing this, so, too, the criminal behaviour of the psychotic criminal appears to protect him from a psychosis. The adult criminal rightly feels himself persecuted by everyone. But from the very beginning Willy felt himself to be so persecuted, at first without any justification. He endeavoured to overcome his paranoid fears by flight to reality—by his asocial behaviour. But it was precisely this behaviour which brought about a permanent worsening of reality, which more and more approximated to a realization of his paranoid ideas.

Every possible stage of transition exists between the neurotic criminal and the neurotic, and this is also true of the psychotic criminal and the psychotic. Thus the libido-development of Elli, Lotte and Ruth was essentially in accord with the late oral or early anal stage. But Elli had hysterical symptoms, and the other two displayed—though not in very marked form—obsessional-neurotic mechanisms. The partial attainment of a higher stage of development which can accompany fixation at earlier stages is certainly to be regarded as an attempt at cure, but as one which does not reach deep and far enough to overcome the disturbances of the early phase ; these continue to be operative, so the higher stage reached is only able to modify them and cover them up.

THE PROCESS OF INTROJECTION IN MELANCHOLIA

BY

KIYOYASU MARUI

SANDAI

A study of the standard works on the subject of melancholia by Freud,[1] Abraham,[2] Radó [3] and others affords us a very considerable insight into both the psychic structure and the mechanism of this disease. Fenichel [4] gives an epitome of these earlier works in chronological order and suggests for discussion several important points which have not so far been satisfactorily elucidated.

Freud and Abraham discovered that the most marked characteristics of persons suffering from melancholia were the following : ambivalence, sadism directed against the subject's own ego, and orality. In ' Mourning and Melancholia ' Freud proceeded to formulate a theory on the occurrence of the disease. His theory was that it arises when the ' loss of the object ' is followed by its introjection. He had discovered that the patient's self-reproaches are really applicable to the object, and that utterances which seem quite meaningless acquire a meaning, if for the word ' I ' in the patient's complaints we substitute the name of the lost object.

We thus came to realize that the self-accusations which constitute the principal symptoms of melancholia are nothing but disguised accusations against the lost, and now introjected, object. Here we can observe the process of so-called narcissistic regression : a part of the patient's ego becomes his object, and his super-ego then treats his ego precisely as he unconsciously desired to treat the love-object which he has now lost. His sadism, once directed against that object, has suddenly passed into the possession of the super-ego and rages against the ego, which has been transformed by the process of introjection. There can be no doubt that in a large number of cases of melancholia Freud's formula is valid. Helene Deutsch [5] describes a particularly instructive case of this sort.

In Abraham's view, however, it often happens that the patient's complaints are not aimed at, but proceed from, the introjected object. For instance, they may be a repetition of accusations which that object made against the patient in real life. This idea makes the situation very obscure, for our assumption was that the object had passed over into the ego and was being treated in sadistic fashion by the super-ego.

In this connection Fenichel has put forward two questions : Is the

object taken up into the super-ego as well as into the ego ? Or, must we accept this unwelcome complication of a twofold introjection of the object ? In discussing this problem of a ' twofold ' introjection, he refers to Radó's paper, which in his view has provided an entirely coherent account of the problem of manic-depressive states. ' The loved object ', says Fenichel, ' is incorporated in the super-ego in the same way as occurred when the super-ego first came into being. But, now as then, the super-ego has the right to be " bad "—a right of which, in consequence of regression, it unfortunately takes very considerable and undesirable advantage. The distinctive pathological characteristic of melancholia, namely " regression from object-relation to identification ", is simply the taking over of the " bad " (i.e. hated) object into the ego, as described by Freud. Hence Abraham's discovery that, in melancholia, one introjected object may rage against the other acquires a universal significance '. We see that Fenichel leaves his first question open.

I recently analysed a case of melancholia which illustrated so clearly the introjection of the super-ego of the object into that of the patient that I think it suitable for publication.

G. O., aged twenty-five, a medical student and the only son of a magistrate, began to display the typical symptoms of melancholia after the death of his grandmother. All day and all night he lay motionless in bed. His movements were extremely slow, and he obviously found it hard to think. His appetite had fallen off noticeably and he slept very badly. He constantly lamented that he was incapable of loving anybody and that he himself was unworthy of love. He declared that he was a worthless, useless, morally inferior creature, and regarded himself as the lowest and most insignificant person in the world. He repeatedly expressed the wish to die, insisting that every prospect of joy or happiness had vanished out of his life, and he actually made a number of attempts at suicide, to the great distress of his family, and especially of his parents.

At the age of twenty-one, while still at college, he had suffered from ' neurasthenia ', the principal symptoms being headaches, sleeplessness and lack of concentration at his studies. At that time he could not make up his mind whether he ought to enter the legal profession, like his father, or take up medicine, and doubtless this indecision as to the future was one of the main causes of his illness. Finally he determined to study medicine, but he did not feel any attraction to be a practising physician : he wanted to be a biologist.

His grandmother was a very conscientious woman, of strict principles, extremely active and talkative. The patient said that his mother (the grandmother's only daughter) resembled her in type. I met the mother several times, and she gave me the impression of a masculine woman, very active and energetic. Both she and the grandmother were extremely strict and over-watchful in their bringing-up of the patient. They were constantly interfering in his life and especially in his friendships. They devoted special attention to his food and he was allowed only a small quantity of cake or sweets, once a day. He had no pocket-money and so could not buy anything to eat away from the house. He said that, as a child, he always envied the neighbour's children, whose parents gave them pocket-money. There is good reason to suppose that such a situation contributed enormously to the fixation of his libido at the oral-sadistic phase (a point which will be described in greater detail later). Although his grandmother was so strict and critical about the patient's conduct, she was, on the other hand, very affectionate to him. In fact, she was devoted to him and pampered him to no small extent. In such a state of affairs we may be sure that his attitude towards her was characterized by a peculiarly strong ambivalence.

His attitude to his mother was likewise ambivalent, and this was not merely because she was of the same type as his grandmother and brought him up in the same way. Being the only child of his parents, he used to suck at his mother's breast, even at the age of five, until she fell ill with pneumonia and the habit had to be given up. I was told that, during this period of sucking, he often bit her breast, whereupon she would scold and rebuke him. This indicates a fixation of libidinal development in the oral-sadistic phase. He was very devoted to his mother, while at the same time he resented her over-zealous and critical interference in his affairs.

The patient's mother was an heiress, and his father was a typical example of the kind of husband we meet with in our country, who has married the heiress of a wealthy family. Outwardly a ' perfect gentleman ', he was, in character, poor-spirited and weak, and he never made his authority felt in the family. He merely discharged his duties and responsibilities as a magistrate and did not bother about his family or the upbringing of his son. It was a case of ' the woman wearing the breeches '. The father was always under the thumb of mother and grandmother, and the impression he made upon the

writer, in the course of a conversation, was that of a man with a feminine-masochistic disposition.

The patient hated and despised his father for his weakness and lack of spirit, but, on the other hand, he felt sorry and sympathetic when the poor man was treated with disrespect by his wife or mother-in-law. It is clear that the patient's Œdipus complex was twofold, another very important factor in his ambivalent behaviour, and we are not surprised to discover signs of an identification with his father.

The patient himself was of an introverted nature, with no great mental alertness. Even as a child he did not care much about going out-of-doors and playing ; he had no strong impulse to make friends, and, at school, he took no interest in games. When quite a little child, he preferred to stay indoors, reading or playing. At a later age he took an interest in music, photography and literature. His grandmother and mother considered him a very good, obedient boy, for he seemed quite automatically to obey the rules and suggestions of his parents and, still more, of his grandmother. This docility can certainly be interpreted as an expression of suppressed hate (sadism), as well as of sublimated masochism. During his analysis he once volunteered the remark that he felt that many things in him were feminine rather than masculine, and, in fact, we did discover in him feminine masochistic traits, which without doubt sprang from his identification, on the one hand, with his father and, on the other, with his mother and grandmother.

During puberty he discovered for himself the practice of masturbation, but he said that he gave it up, after a few years, out of consideration for his health. He was emphatic in stating that, since his boyhood, he had had no friendship with a girl and that he had experienced no sort of love-relation before adolescence. From about the time of his puberty (he could not remember the exact date) a young girl, who was his father's niece, had lived with them. She was two years younger than the patient. This girl had had the misfortune to lose both her parents, whereupon she came to the patient's home to be brought up there. We can easily imagine that the household (with the exception of the father), i.e. the grandmother, the mother and a maidservant, did not shew much goodwill or affection to the child, whom they regarded and treated as a troublesome intruder. The patient, on the other hand, was always very kind to her and was distressed at the way she was treated and neglected. He said that it even made him dislike them for behaving so ; yet he did not dare to

take the little girl's part openly, because he was afraid that they would suspect him of being in love with her. He disavowed any such feeling for her, saying that she was not pretty or attractive enough for him to have loved her. So we have reason to suppose that his attitude towards her was ambivalent and that, even as a youth, he was firmly fixated to the narcissistic phase. He was in fact a good-looking boy, something of a dandy and rather of the modern type of young Japanese. We shall see later that, with him, object-love tended to assume a narcissistic form.

At the age of twenty-two, while at college and living in the town of A——, at some distance from his home, he received some money from his grandmother to buy a violin. He did not, however, use the money for this purpose : he went to a brothel, where he spent the whole sum and lost his innocence. At the time he had no sense of guilt or remorse about his conduct. On leaving college he entered a medical school in the town of B——. There he formed a friendship with a student of a senior year, who was much older than he and led a very loose life. He soon became very intimate with this friend and accompanied him indiscriminately to restaurants, beer-houses, cafés, billiard-saloons and cinemas. We see how readily the patient adapted himself to his company, and we cannot help observing that, good boy as he was when under the wing of his family, he now shewed himself weak and uncontrolled ; in fact, his behaviour was that of a person devoid of conscience.

At the age of twenty-four he met a young waitress in a restaurant at B——. They fell in love with each other. The girl used often to visit his lodgings and finally entered into sexual relations with him, though, after a time, these came to an end. The reason for their separation was, according to the patient, that he was quite convinced that his parents and, above all, his grandmother would never consent to their marriage. But we may suppose that the real cause of their parting lay in the patient's own nature. The girl seems really to have loved the good-looking boy. She accepted no money or presents from him ; moreover, she was the more mature of the two and had probably seduced him in the first instance. Their whole love-episode had never been taken very seriously by him : he was playing with the girl and her future. He prided himself on having such a remarkably pretty sweetheart, for at this time he was playing the part of a handsome but vain Don Juan with several women at once. After a very few months he was unfaithful to her and felt not the slightest self-reproach or pity.

The narcissistic and ego-centric young fellow regarded it as perfectly natural that every woman should fall in love with him, belong to him and suffer on his account.

Shortly after this episode, he made the acquaintance of a young girl in a billiard-saloon at B——. She took his fancy and he fell deeply in love with her, but was afraid that she might be carried off by some other man. At the same time he had some doubts about her virginity, since girls engaged in such occupations are in considerable danger of being seduced by men. He made up his mind to find out, if he got a chance to do so, whether she was really still a virgin. He intended, if this were the case, to implore her to guard her chastity until he could get permission from his family (and especially from his grandmother) to marry her. He knew very well that his grandmother was one of those people who would never consent to the marriage of a grandson with a girl of the lower classes.

It happened that, since the autumn of 1930, his grandmother had been suffering from gastric trouble and, just before the love-relations between the patient and the girl began, he learnt that the doctors had diagnosed his grandmother's illness as an inoperable cancer of the stomach and that she could only live a very short time. At first, he did not trouble much about her illness, but, when he went home in the summer vacation of 1931 and saw the gravity of her condition, he was greatly startled and regretted that he had given so little thought to her since she became ill. He thought to himself that, in order to escape bitter self-reproach and remorse after her death, he had better be specially tender to her during the remainder of her life. He therefore made up his mind to look after her and to do all he could to give her pleasure. And this intention he carried out. He denied most emphatically that, at this time or any time previously, he cherished in his heart the wish that she might die. At last the sad day came. In spite of every effort on the part of the doctors and the family, and especially of our patient, to prolong her life, she died in the middle of August, 1931.

After the funeral the patient was, naturally, sad, but not excessively so. He felt no sense of responsibility for her death, for he was quite convinced that no human power can cure anyone suffering from such a disease as cancer of the stomach. Gradually, however, he became more and more depressed. His face took on an increasing pallor and an expression of distress and trouble. He had a constant feeling of fullness in his stomach and began to lose his appetite. He suffered from

the idea that he too would one day develop cancer of the stomach and would die early. He felt like a very old man, and was certain that all the happiness and joyousness of youth were vanishing out of his life. It is perfectly plain that these ideas and symptoms were the result of his unconscious identification with the grandmother whom he had now lost, and that they may be regarded as indications of what Abraham described as the introjection of the hated-loved object.[2] The patient was entirely unconscious of this. He now began to think that the girl with whom he had had sexual relations at B—— must have been a virgin and to reproach himself bitterly for having seduced her. It must be noted here that he had not hitherto had any feeling of guilt about it : he had never supposed that she was a virgin, and we have good reason to think that she was by no means an innocent girl, for in this love-relation she appears to have played an active part. The patient also regretted most bitterly that, on the occasion I have mentioned, he had spent the money which his grandmother had given to him on going to a brothel, thus forfeiting his pride in his youthful chastity. These self-reproaches also had never occurred to him before his grandmother's death. He now had a passionate desire to know whether the prostitute at A——, with whom he lost his innocence, was sufficiently pretty and well-born to be worthy of his gift. He also reproached himself sincerely for his dissolute conduct at B——. He was unhappy at the thought that he was no longer worthy of the love of the girl whom he met in the billiard-saloon, and was much afraid that he would never again experience the happiness and joy of being loved by a pure girl. These various self-reproaches do not exhaust the patient's lamentations.

As I have already described, he constantly complained that he could love nobody and was not worthy of anybody's love, that he was good-for-nothing, full of shortcomings, the vilest creature in the world. All this indicated an enormous diminution in his ego-feeling or a considerable impoverishment of the ego. It is extremely important to be quite clear that the patient had not the faintest suspicion of the connection between his own suffering and his grandmother's death, until finally analysis revealed to him the true situation and the relation of the various facts to one another.

It is this unconsciousness, together with the indications, which I have described, of ego-impoverishment and the lowering of his self-regard, which constitutes a sure proof that this was a case of melancholia and not of exaggerated grief. What differentiates ' pathological

mourning' from melancholia is this: in the former, the subject is perfectly conscious of the connection between his depression and the death which has occurred, while the melancholiac has repressed the connection between his grief and the lost object. Our case looked like one of exaggerated 'pathological mourning', for the depression set in during the three weeks immediately following the death. But, actually, it was a case of melancholia, for he was wholly unaware of the connection between his illness and his grandmother's death, but without the least hesitation connected his 'unhappiness' with his earlier moral transgressions and the baseness of his character. Moreover, Freud has shewn that the melancholiac displays an enormous diminution in self-regard and a considerable impoverishment of the ego—symptoms which we do not meet with in the case of grief.

I assume that no one will have overlooked the peculiarity of this case of melancholia in respect of the process of introjection. The point to be noted is that the patient's laments and criticisms, which proceeded from his super-ego, were directed against and focussed upon his earlier ego rather than the lost and now introjected object. In other words, all his self-reproaches referred to his own conduct and dissolute life before his grandmother's death. The single exception was his complaint about his age: this did seem to be directed against the ego that had been changed by the introjection of the object.

This is the sole point in which our case differs from ordinary melancholia, for Freud has shewn that in the typical case of melancholia the object is absorbed into the ego and is treated in a sadistic manner by the subject's super-ego. Further, it is noteworthy that our patient's super-ego, whose attitude to his own ego had previously been very indulgent and slack, became extremely strict and rigorous after the introjection of the object. We may say that the severity of his super-ego manifested itself only after his grandmother's death, whereupon it took her place as a disapproving critic of his ego. This seems to me to justify us in the assumption that, when the process of melancholic introjection sets in, the super-ego of the object may find its way into that of the patient, and that Fenichel's first question can thus be answered in the affirmative, or at least that this is definitely so in this particular case.

In regard to the case of Abraham's, cited by Fenichel, in which the patient's self-indictment appeared to originate in an accusation made against him by his love-object when in life, it seems to me that the view suggested in the last paragraph enables us to give a much easier

and less forced explanation. At the same time, I am far from asserting this dogmatically, for I have not before me a full analysis of the case in question. In the case of melancholia which I have described and analysed, I came to realize that the super-ego and ego of the patient were overlaid respectively by the super-ego and ego of the object. And, as I have recounted, the conflict that took place was between the patient's ego and the object's super-ego. I think we may justly conjecture that the same situation may occur in other cases of melancholia or neurotic depression. The clinical picture in these diseases would then vary according to the attitudes of the super-ego and ego, and according to their mutual relations. But I will not pursue this point further, for I have not at present the material to confirm my statements.

All that I maintain here is that in this particular case of melancholia analysis shewed very clearly that the super-ego of the object had been introjected into that of the subject. The patient's wish to assure himself that the prostitute with whom he lost his innocence was pretty and of good birth and his assumption that the girl with whom he had relations at B—— was a virgin may be taken not only as evidence of a very strong narcissistic over-estimation of the ego, but also as an indication that his ego was begging for forgiveness from the severe super-ego.

In conclusion, I would draw attention to certain very interesting and important points presented by this case in connection with the development of the super-ego. . I have described how, as soon as the boy left home, he behaved as though he had no self-control and gave himself to all sorts of sexual gratifications dictated by his instincts.

Such conduct would suggest an immoral character, but he could not be described as such in the ordinary sense of the term. Only, as soon as he left home, he felt free to do as he liked. His bad behaviour was simply due to the fact that his super-ego still resided in the living authorities themselves and was as yet imperfectly developed in himself. In a word, he had not as yet absorbed into himself these persons who dominated his life from the moral standpoint. One reason for this disturbance or defective development of the super-ego may have been that he was so dependent on his grandmother and that she shielded him so carefully that he had not the slightest incentive to develop a super-ego. Another reason was that this watchfulness on her part robbed him of all liberty, gave him, as it were, no opportunity to form a super-ego. And there can be no doubt of the connection between this situation and the masochistic trend in his nature.

Our conclusion, therefore, is this: that excessive object-love and undue external compulsion combined in this case to interfere with the development of the super-ego. But how was it that the grandmother's super-ego came to be introjected into that of the patient? As I have described, there was very marked ambivalent feeling towards the love-object (grandmother) in this case. He hated her as much as he loved her, but the hate could not be maintained when she fell ill, still less after she died. In other words, her illness and death were two factors which gave great satisfaction to his feelings of hatred. When she died, there was (as so often happens) no longer any object for his hate, and so it turned against himself, causing him to reproach and inflict moral tortures upon himself. Hence, it is interesting to note that the patient's ego behaved towards the introjected super-ego just as, in his childhood, his grandmother had behaved towards him.

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[2] Abraham: 'A Short Study of the Development of the Libido' (1924), *Selected Papers*, Chap. XXVI.

[3] Radó: 'The Problem of Melancholia' (1927), *International Journal*, Vol. IX.

[4] Fenichel: *Perversionen, Psychosen, Charakterstörungen.* 1931.

[5] Deutsch, H.: *Psycho-Analysis of the Neuroses* (1930).

AGORAPHOBIA AND ITS RELATION TO HYSTERICAL ATTACKS AND TO TRAUMAS[1]

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The analyses of a traumatic neurosis and of some twenty cases of agoraphobia and similar phobias have led me to conclude that there is an intimate connection between three separate problems: the significance of hysterical attacks, of psychic traumas and of the anxiety experienced in agoraphobia, which I take as a typical example of the mechanism of phobias in general.

I

Freud[2] originally defined the hysterical attack as 'nothing but phantasies projected and translated into motor activity and represented in pantomime'. These phantasies are, as he tells us, unconscious and, like the latent dream-thoughts, subject to distortion, a process which comprises condensation, multiple identification, antagonistic inversion of the innervations and reversal of the sequence of events. Freud holds that the hysterical attack is a substitute for an autoerotic gratification, previously practised and since given up, and that the loss of consciousness, the '*absence*' characteristic of such attacks, 'is derived from the fleeting but unmistakable loss of consciousness which can be observed at the climax of every intensive . . . sexual gratification'. We know, further, the view taken by Freud of the phenomenon of the *arc de cercle*, characteristic of major hysterical attacks: he holds that it represents 'an energetic disavowal by antagonistic innervation of the position suitable for sexual intercourse'. Ten years ago I published an interpretation of the *arc de cercle*[3] which was suggested to me by a quite unequivocal dream related by a female patient. Freud himself tells us that dreams often contain the explanation of hysterical attacks. My patient, a hysteric, dreamt that she assumed the *arc de cercle* posture with the feeling that, in so doing, she

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[1] Based on a paper read at the Thirteenth Psycho-Analytical Congress, Lucerne, 1934.

[2] 'General Remarks on Hysterial Attacks' (1909), *Collected Papers*, Vol. II.

[3] 'Zum psychologischen Verständnis des *arc de cercle*', *Internationale Zeitschrift für Psychoanalyse*, Bd. X, 1924.

was squeezing out something in the region of the clitoris, and in the dream she actually had the sensation of that organ's turning into a prominent excrescence. Her association to this was the expelling of fæces, and the excrescence suggested to her the penis. By means of the *arc de cercle* she changed from a concave (female) attitude to a convex, protruding (male) attitude. Her whole body took part in the action of pressing out the penis. The analogy with parturition is unmistakable. Hence we can expand Freud's account of the *arc de cercle* as follows : her energetic disavowal of the position suitable for sexual intercourse—Freud is, of course, referring by implication to the *female* attitude—is actually supported by the acquisition of a penis. Nine years after I published this interpretation Radó [4] worked out in considerable detail the notion of this phantasied penis, to which he gave the name of ' wish-penis ', and shewed that it is a phantasy of universal occurrence in women.

In the case which we are now considering it appears that the patient's sexual aim was the acquisition of a penis. It appeared from her analysis that in childhood the discovery that she was (as she imagined) castrated led to her loss of any possibility of genital gratification. When she assumed the *arc de cercle* posture, she was making good the supposed defect. In her unconscious the possession of a penis was essential for sexual gratification : the *arc de cercle* represented a displacement of her sexual aim on to the attainment of this essential condition.

The following is another very clear instance of this type of displacement. A certain woman was the mistress of a man whom she would have liked to marry. She and her husband had obtained a divorce on grounds of childlessness. The man with whom she had relations could not make up his mind to marry her, precisely because he too wanted children. Her narcissism was bitterly mortified by her sterility. She never arrived at complete orgasm with her lover, coitus merely producing in her strong sexual excitation. Intercourse began to be succeeded on every occasion by a hysterical attack, in which she lost consciousness, complained of abdominal pains and finally vomited. She then came to herself again with a sense of well-being and relief. These hysterical attacks completed the sexual orgasm, acting as a substitute for the consummation which had been lacking. They did not, however, signify sexual intercourse but rather the state of pregnancy. She had been prevented from arriving at sexual orgasm by

[4] *Die Kastrationsangst des Weibes*, 1934.

her severe narcissistic mortification, which had reference originally to her lack of a penis and, secondarily, to her childlessness. Just as in our first case, displacement of the sexual aim had occurred, and what the patient was seeking was a phantasied reparation of the psychic injury she had sustained.

A hysterical attack, however, does not always, as in the case of this woman, bring about a discharge of the internal tension which has gradually accumulated. On the contrary, while in some instances gratification ensues, in others this is not so—indeed, the effect may be rather that of a fresh trauma.

Owing to the existence of a connection persisting in the unconscious between libidinal discharge and the release of destructive forces, sexual impulses give rise to destructive cathexes. In a hysterical attack, as in every attempt of the libido to break through, a libidinal and a destructive impulse come into conflict. If the effect upon the subject is in the nature of a shock or trauma, we conclude that the death-instinct is the stronger of the two ; if, on the other hand, a sense of relief is experienced, we assume that the libido has gained the upper hand. We must remember, however, that its victory often fails to conform with reality, as, for instance, when a woman phantasies that she has acquired a penis.

Let me give an illustration of the difference between a traumatic hysterical attack and one which had the effect of liberation, both occurring in the same patient.

A girl of thirteen had an attack of the following kind nine months after her first menstrual period. During the recreation-hour at school she had hardly left the class-room when she was overcome by a feeling that she was turning into another person. She felt a tremendous change coming over herself and her surroundings, and this gave her an indescribable sense of horror. She fought against the feeling, being determined to retain her own ego, but she could not resist it, and her anxiety became so acute that, for a short time, she completely lost consciousness. When she came to herself, she heard herself give a loud scream. With this cry of extreme terror the attack passed off, as though she had by that means orally expelled something from her inner being. She now found herself kneeling on the floor. She had also had a conscious dread that she might never return to her real self, and this was the most frightful element in the whole situation.

Subsequently, these attacks recurred frequently ; sometimes she even had more than one in a day. At first, they came upon her at

home as well as outside and were accompanied by an uncontrollable impulse to throw herself on the ground. Later, they only occurred out of doors and in the street. Her dread of their happening in the street or in some other public place made her afraid to leave the house, for going out was liable to bring on an attack. Although, as the years passed, these gradually became less frequent, her anxiety grew more and more acute and, in order to keep them at bay, she had to sacrifice her freedom of movement. In the end, she had almost given up going out at all, and led a life totally devoid of interest. She was in a constant state of depression, shut off from the outside world and without any hope of ever escaping from this condition of torment, which kept her a prisoner in the house and sometimes in her own room. It was about nine years after the onset of this phobia that she came to me to be analysed ; in about two and a half years she had practically recovered.

Analysis shewed that what the attacks really signified was the patient's identification with her mother in childbirth. She had an unconscious phantasy of taking her mother's place with her father in order to have a child by him. Birth was conceived of orally : in her childhood the patient (who had an unusually strong oral fixation) had really imagined that birth took place by the mouth. The extreme sense of depersonalization which overcame her in these attacks was determined by her deep identification with her mother and signified : ' It is not I myself ; it is my mother '. The person whom she felt she turned into was called in the patient's mind ' Mary ', though she did not know why : ' Mary ' was her mother's second name. This change of identity, which she always feared might be permanent, also signified death, for, as a child, when her baby brother was born, she had wished that her mother might die, and now, in her identification with the latter, she felt herself confronted with the same fate, which was embodied in the dread of ' never coming to herself again '. Finally, certain dreams and associations shewed quite clearly that the sense of change signified also mutilation, i.e. castration.

As the analysis progressed, the hysterical attacks ceased and the patient became much freer. It was not until two years had passed without any such disturbance that she was seized, during the analytic hour, with an attack of quite a new type. She retained full consciousness, but the muscles of her abdomen, thorax and throat underwent severe spasms, she exhibited the typical *globus hystericus*, coughed violently, as though to get rid of something in her throat, and rolled about on the sofa. I said to her that these new and harmless attacks

were a guarantee that the former dreadful ones would not recur, whereupon she gave a laugh of delight, although she was still suffering from spasms. In fact, these became so violent that she nearly fell off the sofa and I had to go to the rescue. Thereupon she flung her arms round my neck, as though to steady herself, and for a time would not let me go. When the spasms occurred, she also slightly bit my finger. After this attack she had a sense of well-being and told me that, during it, she had experienced genital (vaginal) sensations.

The following night she dreamt that she had a second attack at my house, during analysis, and that she tried to bite my ear. In the dream she was conscious of purposely prolonging the attack in the hope that I would kiss her. Thus it was designed to secure sexual gratification. I explained to her about the epinosic gain and told her to give me her associations to the dream. Instead, however, she was seized with a similar, though less violent, attack. While it was still in progress, I again asked her to give her associations and she signed to me that one had come into her mind. When she was able to speak again, she told me that, during the attack, which she did not take excessively seriously, a fresh recollection had suddenly occurred to her: she recalled that, one of the first times she had an attack, she had been in the street with her father and had instinctively clutched at his penis for a moment. In the next few days of analysis she became conscious of fellatio-phantasies and gave associations about the movements of the child in the womb, etc. Further associations, fresh recollections and the interpretations which I gave her (though indeed they were obvious) assisted her to become more and more normal sexually, and no more attacks have occurred.

The patient's first attacks terminated in nothing less than death and castration, but the final ones signified the attainment of sexual satisfaction: 'In the end I do get a penis from my father, and I conceive and bear him a child without having to pay the penalty of death'.

II

It is only natural that the ego should react with anxiety whenever it becomes aware of the imminence of an attack which will have traumatic effects. The attack itself represents the dreaded situation. In the case we have been considering the patient's anxiety had a conscious, as well as an unconscious, content: she dreaded consciously the repetition of a former hysterical attack, of the latent meaning of which she was unconscious. There are, however, internal traumatic

experiences which the patient generally cannot put into words; he merely says that he feels dreadfully bad and has an oppressive sense of anxiety. In such cases the only noticeable feature is the anxiety and we speak simply of an anxiety-attack. But here too the anxiety actually relates to a psychic experience which is difficult to describe but is analogous to a hysterical attack. It is, however, confined to the emotional sphere of the ego and remains without motor expression. Patients of this type (in contrast to those suffering from true hysterical attacks) appear to focus their whole anxiety on these 'anxiety-attacks'. The internal experience which evokes them consists of the most distressing sensations, as various as the manifestations of hysterical attacks and, like the latter, psychologically determined. Many patients have a sense of alienation or complain of giddiness, while others cannot feel their legs when they walk, or else have strange sensations in them which they find it hard to describe: for instance, they say they feel as if the ground were giving way under their feet or as if they were walking on the verge of a precipice or on an uneven surface, etc.

How does the ego try to protect itself from the repetition of such internal traumatic experiences? Its strategy consists in avoiding everything which may help to evoke them and in finding all possible means of keeping them at bay. Hysterical sexual anæsthesia and the repression, which is its source, have long since, little by little, become established in these patients. Then, if the subject is faced with a *real* situation which stirs up in him an unconscious sexual phantasy, the libido, thus stimulated, breaks through, in spite of the powerfully cathected destructive impulse bound up with it. If the destructive cathexes prevail over the libidinal ones, the result is a shock such as I have described, and from that moment the ego goes in dread of all such external situations as may stimulate dangerous, unconscious, erotic phantasies or stir up ideas about their evil consequences. Usually, agoraphobia arises out of a so-called anxiety-attack or, more rarely, out of a traumatic hysterical attack or the anxiety which precedes this. Freud found that this anxiety really has reference to the evil consequences of yielding to the sexual temptation to which the subject is exposed in the street, especially if he goes out alone. In claustrophobia, on the other hand, solitude brings a temptation to masturbate, the punishment being castration. In the cases of agoraphobia which I have analysed, I have found that 'to go out', 'to leave the house' had three principal meanings. In the first place it means: 'I am

emancipated, grown-up like my parents. I can do as I please. I am my own master. I am no longer in my parents' charge ': situations involving exposure to sexual temptation. In the second place it means to display oneself in public, to exhibit oneself. And thirdly it is associated with the idea of detachment from maternal protection. This is why agoraphobia so often occurs as an accessory symptom in cases of extreme helplessness; there often occurs secondarily a regression to the period of infantile dependence on the mother—a regression due partly to the internal aggressive impulses, to which the patient feels exposed in many distressing conditions and from which he endeavours to shield himself.

Many of those who develop agoraphobia have lost either father or mother in childhood. Analysis shews, to be sure, that in these cases, besides this loss, there was another factor which contributed to their anxiety, namely, the fulfilment of their wishes for their parents' death. The sense of abandonment does not necessarily spring from the death of either parent, for there are many cases in which the patient, as a child, felt himself repulsed by his mother (or father) or thought that no attention was paid when he expressed his feelings or had something to say. From that time on, he deposed his parents from their throne in his mind and his trust in them was severely shaken.

Sometimes the manifest outbreak of an agoraphobia, which has been, so to speak, germinating under the surface, is determined by certain superficial factors, which Freud has always taken into consideration and upon which the school of Adler has concentrated its attention to the neglect of all deeper causes. Such a crisis occurs when life makes any heavy demand upon the patient's ego. Thus, agoraphobia often develops at a particular phase in his life when he is required to take a step forward in the direction of independence, e.g. when he passes from a lower to a higher school, comes to the end of his student-days or begins his professional career; in fact, whenever he is compelled by outward circumstances to feel himself more mature, more completely adult. If he succumbs to agoraphobia at such a time it indicates that his capacity for adapting himself to reality has broken down before his necessity for emancipating himself and, in actual fact, he gives the impression of having become a child again, unable to walk by himself or, to express it more accurately, unable to go through life alone. Abraham [5] gives an account of the psycho-

[5] ' Zur Psychogenese der Strassenangst im Kindesalter ', *Internationale Zeitschrift für Psychoanalyse*, Bd. I, 1913.

genesis of agoraphobia in a five-year-old child who wanted not to be a ' walking child ' [*Spazierkind*] but an ' infant in arms ' [*Mutterkind*].

The sense of alienation which often accompanies agoraphobia indicates a reluctance on the patient's part to accept reality. The aim of the destructive instinct here is to abandon the ego to an alien and unloving world.

What I have so far said by no means exhausts the varied significance of agoraphobia in individual cases. In female patients (for instance, in the case of traumatic hysterical attacks which I have related) I have often found that ' to go out alone, to go shopping, etc.' signified ' to be, or to take the place of, the mother ' ; what the daughter wanted above all was, of course, to take the mother's place with the father. This identification led to the introversion of the hostile impulses towards the mother : the patient need not necessarily have wished that her mother should die in the street, i.e. that she should never come back, as Helene Deutsch [6] suggests in her very interesting article on the subject. Her investigations revealed in agoraphobia a mechanism similar to that of the obsessional neurosis. There was a preliminary stage in which the patient was exaggeratedly anxious whenever her mother was late in coming home : the daughter had an unconscious wish that her mother might die in the street. Because of her identification she feared a similar fate for herself. Helene Deutsch states that, in her view, the characteristic feature of agoraphobia is this identification with the object of hostile impulses, an identification whose roots are in the Œdipus constellation. I myself found in another case that to the patient's mind to go down a street and, especially, through a tunnel, signified to penetrate into the vagina, and the meaning of her phobia was : ' I am castrated ; I cannot force my way in ; I can go no further ', and at the same time her legs gave way under her. Another patient had an unconscious idea that walking on the ground, the earth, was equivalent to ' treading on her mother's body and killing the unborn child within '. For her wish was that she herself and not her mother should conceive by her father. It is clear, then, that, in addition to the threefold significance always attached to the situation of going out, walking in the street, etc., various other meanings may suggest themselves in the minds of individual patients.

Anything which affords actual or symbolical protection from the manifest danger anticipated serves to allay the patient's anxiety : the

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[6] ' The Genesis of Agoraphobia ', this JOURNAL, Vol. X, 1929.

proximity of a doctor or chemist, for instance. Similarly, anything which symbolizes the repairing of or protection from the unconscious trauma augments his sense of confidence. On the other hand, chance details associated with former traumatic situations accentuate the condition of anxiety. It increases whenever something recalls the danger, and especially if the unconscious sexual temptation is stimulated. It may happen, for instance, that a woman may feel safer in an avenue of trees than in a street where there are none, or that she may acquire a sense of greater confidence when she wears a particular hat or dress, which for her symbolizes the penis. This means that she is still struggling with her castration complex.

One patient, whose principal anxiety related to large open squares (she could not endure great 'empty spaces'), once dreamt that the analyst had to have sexual intercourse with her, but to her deep disappointment it turned out that he had no penis: there was simply 'an empty space' where the penis should have been. (This was the patient's own expression: '*un vuoto*'.) He then changed into her mother, for whom it was normal to have an 'empty space' instead of the desired organ. This dream shows that *open places*, from the dread of which the term *agoraphobia* is derived, signify *the castrated mother*. Probably some inner urge prompts us to put a statue, an obelisk and, especially, a fountain in the middle of squares.

Many women suffer less from their phobia if they have a child with them. It has always been said that this is because they feel the child's presence a protection from temptation. This may be the case; but I have often found also that having a child with them acts as an instinctual gratification. The woman who has a child—a normal substitute for a penis in the sphere of reality—finds her narcissistic mortification assuaged. One of my male patients who suffered from agoraphobia could not go out without a walking-stick, but naturally he could not explain how it would help him in an emergency. Many orally fixated patients always take care to have something with them to eat in case of need, for they are afraid of suddenly turning faint with hunger.

A certain agoraphobic patient in Rome had an anxiety-attack in the busy Via Nazionale. He succeeded in reaching the building where the Fascist Exhibition was being held, and this set him day-dreaming. He phantasied that he had done great things for the Fascist cause and imagined the Duce clapping him on the shoulder in a commendatory way. As these thoughts passed through his mind, he suddenly realized

that his anxiety had vanished, and he went on his way in good spirits and with head erect. In general, patients suffering from agoraphobia feel the need to devote themselves to, and be recognized by, some person in authority: a father-imago. They generally have a blind faith in such an imago; these are people who usually accept their convictions on authority. One of my patients had a large collection of photographs of the King, taken in every possible position, while another had a similar collection of photographs of the Duce. In rarer instances patients devote themselves to religion—the service of God the Father.

The other side of the picture is the exaggerated arrogance and inordinate self-will which characterize many women patients of this type: qualities which they contrive to hide under a genial manner or a show of modesty. There are others who make no such attempt at disguise. In analysing such women one has to be specially careful not to wound their pride.

One of my patients always felt he must give himself an enema after an anxiety-attack.

Another well-known characteristic of persons suffering from phobias is that they pay a great deal of attention to their underclothes, often giving as their reason the fact that they do not want to be disgraced if it should happen in an emergency that they had to be undressed. The patient, whose dream of the *arc de cercle* I have recounted, could not put on any garment which had to be buttoned or was even close-fitting, for she was haunted by a fear that, if she had an anxiety-attack, she would not be able to get out of her clothes quickly enough. Her garments were wide and loose and fastened with press-buttons only, and these had to be in front or at the side, in order that, if an emergency arose, she could undo them with a single tug. She took the same precautions about her shoes. Besides this, she always carried a pair of scissors, so as to be able to slit up her garments in a moment if some unexpected obstacle prevented her unfastening them quickly. In her anxiety-attacks she had never actually found herself obliged to undo her clothes. These she regarded consciously as suffocating objects, of which one must be able to get rid instantly if one felt very unwell. Unconsciously, however, this exceptionally proud patient could not endure having to conceal any bodily deficiency, i.e. the lack of a penis. I cannot say whether the birth-trauma also plays a part in this connection.

Once a patient succeeds in overcoming his sexual inhibition to the

extent of achieving normal orgasm, the fact of having discharged his libido in safety will greatly relieve his anxiety. A patient of mine who suffered from agoraphobia experienced very strong, normal orgasm the first time he had intercourse, and the result was that, in his mind, he himself and the rest of the world took on a vividness, a distinctness, a beauty and a charm such as he had never known since childhood.

I can give another example of a similar experience. A young man of twenty-three was sitting comfortably in the stalls at a theatre, listening to *Tristan und Isolde*. During the duet in the second act he began to feel bored: it seemed as if it would never come to an end. (A sense of boredom and impatience often precedes a patient's first anxiety-attack.) Suddenly he felt horribly ill and was seized with acute anxiety. Pale and bathed in sweat, he could scarcely sit out the act, after which he took a taxi and went home. This attack was the beginning of agoraphobia. I had to go to him, as he was unable to leave the house. I discovered that anxiety about his health had deterred him from ever performing the sexual act. After about a fortnight, the following recollection came into consciousness. At the age of five or six he had seduced a little girl of the same age, with whom he used to play at circuses. During their games she had roused his sexual curiosity and he had induced her to masturbate with him in secret. Once, however, they were discovered and punished and he was never allowed to see his little friend again. I pointed out to him the connection between these experiences in his childhood and his anxiety-attack at the opera, but he was not much impressed by the idea. Presently, however, I received support from an unexpected quarter. One evening, two friends carried him off with them to a brothel, in spite of his anxiety. (This, by the way, seemed to have diminished.) Here, for the first time, he had an orgasm with a woman —an event at which even his parents were delighted. He thus discovered that discharge of libido not only did not injure his health but actually made him feel better, the unconscious reason being that he felt he would not be castrated even though he gave rein to his sexuality. He now lost all anxiety and would walk about the streets all day long. He discontinued his analysis. Sometime later I heard from him that he was going on well; after that I lost sight of him.

Generally, an improvement or recovery brought about by successful orgasm does not last long, unless this result has been attained by a thorough analysis. The following abbreviated case-history illustrates

this point. A young girl, who was excessively proud and determined to secure freedom and independence, had a powerful masculinity complex but concealed it by her feminine charm. She fell passionately in love with a young man, who, however, rejected her advances. The result was severe narcissistic mortification. She was much too proud to make any further overtures, but repressed her deep love and felt that something within her was broken past mending, so that in all her life she could never love again. She thought she might very easily give herself to any man who asked her ; in fact, to spite the man she had loved, she would have liked to lose her good name. This disappointment in love occurred just as she was about to enter the teaching profession. One day, she went to the school for her final examination, and her mother went a little way with her and then said good-bye. Suddenly the girl was seized with a terrible anxiety-attack. She turned round and called out to her mother, who, however, did not hear her. The daughter had not even the strength to run after her but begged an unknown woman who was walking by to let her walk with her, as she felt so unwell. This was the outbreak of her agoraphobia. Her circumstances made it necessary for her to go on teaching, and for many years she suffered unspeakable torments from her phobia. Finally she met a man with whom she once more fell deeply in love, and this time her love was reciprocated. The phobia disappeared and she felt free : ready to do anything and go anywhere. But suddenly he deserted her in very much the same way as the first man had done. Perhaps she herself unconsciously provoked it. Forced once more by her bitterly wounded pride to repress her ardent love, she relapsed into agoraphobia.

Analysis shewed that in this patient's case there was a constant repetition of the infantile mortification on account of her supposed castration, though the actual situation contributed to the content of her mortified feelings and their repression.

We must now consider what it is that determines the particular type of neurosis developed in cases of hysteria. In conversion-hysteria, as in other types, the castration complex always acts as a specific, ætiological factor, the patient having already attained (and repressed) the genital phase. Why then does an anxiety-hysteria develop in some cases and a conversion-hysteria in others ? I cannot as yet answer this question, but there are certain points which I would suggest in connection with it.

When we examine more closely the anxiety-attacks characteristic

of agoraphobia and similar phobias, we find that the patient's anxiety really has reference to a conversion-symptom—in a minority of cases to a (traumatic) hysterical attack and in the majority of cases to something analogous to this but confined to the sphere of affect. Thus we can distinguish two types of phobia. In the first the patient has a conscious dread of certain external objects or situations, because they are associated with external danger. For instance, animals, trains, fire, etc., may be objects of anxiety, because the patient fears the external consequences of situations connected with these. These phobias give the impression of real anxiety, exaggerated and irrational, and they are brought about by the projection of some instinctual danger. Agoraphobia, on the other hand, relates to an *inner* psychic state, a ' psychic conversion-symptom ', and only indirectly to an external situation (being alone, walking in the street) which itself conjures up some other situation consciously recognized by the subject as an inner danger. Here the mechanism of projection is much less powerfully at work. There is frequently a resemblance between agoraphobia and hypochondria. Sometimes, too, we are reminded of the state of giddiness induced by heights : people who suffer in this way avoid dizzy elevations, so as not to be exposed to a psychic state which causes them distress and anxiety. We should be inclined to classify agoraphobia as a form of conversion-hysteria, were it not for one point which differentiates it from the ' true ' forms of that disease : in agoraphobia the ' conversion-symptom ' to which the anxiety relates is always short-lived, it occurs ' accidentally ', whilst such symptoms as hysterical blindness or paralysis may persist for months or years. Evidently this difference is connected with the absence or presence of anxiety. That is to say, anxiety is an indication that the ego cannot tolerate a particular state or reconcile that state with its aims. This state must be concerned with the sphere of the psychic ego. If the latter is to remain intact, the (conversion-) symptom, which involves the ego itself, must be got rid of. In place of a persistent conversion-symptom the ego feels a persistent *threat* of one ; the aim of the defence-system in a phobia is to prevent the occurrence and persistence of the disturbance of the ego. Bearing in mind the cases of hysterical confusion (hysterical amentia), in which there is generally a previous history of hysterical attacks, we shall conclude that there was perhaps a certain justification for the dread of the patient whose traumatic hysterical attacks I have described, that she might never come to herself again. In the same way we can understand why

patients suffering from phobias sometimes fear that they will become insane.

To solve the economic problem of anxiety and psychic traumas we must consider it in onnection with the ego's instinct of self-preservation. But what is the relation between this and the two primal instincts: Eros and the death-instinct? We must confess that, as yet, psycho-analysis has not found a satisfactory answer to this question: there is a large hiatus here in our theory of the instincts.

III

Let us now see whether our clinical data, taken in conjunction with our theoretical notions, will enable us to bridge the gap between the transference neuroses and the true traumatic neuroses.

We know from experience that the readiness with which an individual succumbs to a traumatic neurosis depends on the uncertainty of his psychic equilibrium even before the actual external trauma occurs—depends, that is to say, on the ease with which his destructive energy has been able to throw off the sway of the libido. The transference neuroses also are prefaced by a similar instability in the fusion of instincts. Here I would remind you that Abraham [7] in his discussion of locomotor anxiety conjectures that this symptom results from the repression of a keen, constitutional pleasure in muscular activity (pleasure in motion). At the time when Abraham was writing, the existence of the death-instinct and the way in which it is deflected into muscular activity had not yet been grasped. Pleasure in aggression was conceived of simply as negative libido. We are now in a position to understand more clearly the metapsychological aspect of Abraham's discoveries: with the calling-in of the reserves of aggression employed in muscular activity the destructive cathexes are reinforced.

We owe to Freud the discovery that one of the uses of libido is to turn the destructive energy outwards (e.g. in muscular activity) and so render it harmless for the ego. But this same energy, in conjunction with the libidinal cathexes, does also receive an outward direction in all those functions of the ego which have reference to the outside world (attention, perception, the process which we call volition, etc.), and it is precisely in this way that the subject masters that which lies outside him. This mastery through the extraversion of destructive energy, whether it be in the form of aggression or of possessive ten-

[7] 'A Constitutional Basis of Locomotor Anxiety' (1913), *Selected Papers*, Chap. X.

dencies, also leads to the gratification of the libido, which often spends itself in pursuit of this aim of protecting the ego and strengthening its position in relation to the outside world. We see that this process constitutes a defence against stimuli. The libido's binding of destructive instinctual stimuli often amounts to its control of the destructive energy itself, which is then conducted along the channels indicated by the libido. One such leads to the establishing and maintaining of the harmonious synthetic unity of the ego. As yet we have no clear picture of how the libido masters the destructive energy ; in fact, we do not even know what is the essential nature of psychic energy.

When a traumatic neurosis ensues from the breach of the external barrier against stimuli and the irruption of large quantities of stimuli, it is not these stimuli, penetrating, as they do, from without, which produce the after-effects. Examination of such cases shews that what really happens is that there is an increase or accession of *inner*, destructive, instinctual stimuli. This is what imparts to the situation its dangerous character. In my belief this actual accession of inner destructive energy, consequent upon the cessation of its extraversion, is the characteristic factor in the traumatic effects which follow upon such stimulation from without. I am supported in this view by Kardiner,[8] who, in an extremely interesting article on the bio-analysis of the epileptic reaction, draws attention to the sudden inhibition of certain of the principal functions of the ego—namely, those of the sensory-motor-perceptual apparatus—in true traumatic neuroses.

In such neuroses the sequence of events is, I believe, the following. The libido originally controls a certain quantity of destructive energy, binds it, is fused with it, directs it outward either in the form of aggression or, in the ego-functions, of perception, comprehension of the external world, muscular activity, attention, etc. Now, in the case of a trauma, large quantities of stimuli invade the ego, making such heavy claims upon it that it can no longer protect itself from the inner stimuli which, formerly, it was able to control (by repression or some other method). Thereupon, the latent neurosis breaks out.[9] Because of the greater demand made upon it the ego finds it more difficult to

[8] ' The Bio-Analysis of the Epileptic Reaction ', *The Psycho-Analytical Quarterly*, Vol. I, 1932.

[9] There are, however, cases (not only of anxiety-hysteria, but also of paranoia and depression) in which external dangers are mistaken for dangers from within. The inner, destructive, instinctual stimuli give actuality to the inward reflections of external destructive forces.

master the destructive stimuli which it formerly controlled: they slip, so to speak, through its fingers and act in a reflex manner. The earlier control of the inner destructive energies can be recovered only by an effort. As long as the ego fails to re-establish its mastery, it seems to an outsider as if the quantities of destructive stimuli, which made a temporary incursion from without, are continuing to act within. What has really happened is that the subject's aggressive tendencies, in their various manifestations, have been withdrawn and directed inwards. Thus it is that, after an accident, patients cannot trust their senses and have little or no power of concentration. I believe that the trembling so commonly observed in persons suffering from traumatic neurosis is, at least in part, due to the withdrawal of destructive energy from the muscular system. This appears to me to be the general mechanism of the traumatic neuroses.

I must state at this point that I am inclined to conjecture that the formation of the super-ego—which comprises the so-called 'internal continuation' of aggression originally sustained by the subject from without—is also the result of external traumatic factors which have brought about the introversion of his aggressive impulses. Here, it is true, we are concerned with the avoiding of a traumatic neurosis by finding a place in the psychic structure for the introjected enemies: the super-ego, that important component of our mental apparatus, has come into being. It is my opinion that this does not take place gradually but in a series of sudden developments, each consequent upon some trauma. This notion is in accordance with Freud's hypothesis that the slaying of the father provided the stimulus for the formation of the super-ego.

Aggressive impulses and attacks of rage in persons whose balance has been upset by a trauma may be construed as attempts to restore equilibrium by the extraversion of destructive energy. Similarly, the super-ego itself relaxes its severity when extraversion of such energy occurs in the form of aggression, as, for instance, when the patient has a negative transference to the analyst. One of the most familiar and striking features of neurosis consequent upon accident is the epinosic gain, which is responsible for the persistence of the neurotic disturbance. If a patient is absolutely compelled to fend for himself, e.g. by the stoppage of a pension which he has drawn on the grounds of an accident, his destructive energies are thereby forced to take an outward direction in the overcoming of external difficulties. In my view, the doing away with the effective epinosic gain is a valuable therapeutic expedient in

the treatment of this type of neurosis, for such gain leaves him without any sort of incentive to extravert his destructive energies, and this is why it weighs so heavily in the balance.

There are certain transitional forms between the transference and the true traumatic neuroses. For instance, there are neuroses which do indeed ensue from an external trauma, but this latter has been brought about by the patient himself in fulfilment of some unconscious purpose. Here it is most obvious how a shock affects the existing mental equilibrium. The following is a good illustration. One of my women patients was knocked down by a motor, struck the back of her head on the pavement and was taken in a very agitated condition to a first-aid station. This accident had the following traumatic effect. Almost every night she had anxiety-dreams about it ; she was afraid to go out alone and trembled with anxiety every time she had to cross the street, even when accompanied by another person, to whom she clung. She was terrified of being run over by a motor, not only when she saw one coming in the distance but even when there was none in sight, for, at first, she no longer trusted her own senses. She lost all her mastery over the external world, and felt that she could not sufficiently focus her attention upon it. At the same time she was tormented by a vivid visual impression of the striking of her head on the pavement. This memory was cathected with a quantity of energy which pertained to the death-instinct and had been withdrawn from her aggressive tendencies.

The accident occurred through a palpable parapraxis on the patient's part. She had been just about to cross the street when she saw a motor approaching at great speed. She intended to wait till it had passed, but the next instant she forgot this and prepared to cross just as the motor reached her and the chauffeur could not possibly avert the accident. This was a good illustration of what Federn [10] says about ego-feeling in connection with parapraxes.

I had already been treating this patient before the accident occurred. She came to me because she felt she must have some protection from her own self-destructive tendencies, which were a source of fear to her ego. Some years previously, she had made a semi-serious attempt to put an end to her life by bleeding to death, but she had soon repented of her action and felt very much humiliated by it. When she came to me, she was chiefly suffering from a craving for narcotics : she felt obliged always to take larger doses than she

[10] ' Das Ichgefühl bei den Fehlleistungen ', *Imago*, Bd. XIX, 1933.

could tolerate. After a few months of analysis she was able to refrain from taking anything to make her sleep; then the motor-accident occurred. She associated with it the prostrating effect of the narcotics. She was conscious of a strong resemblance between the striking of her head on the ground and the stunned feeling which she used to have in her head as a result of the excessive doses which she had formerly taken. She had, moreover, dreams of men who tried to violate her and, even when awake, she took exaggerated precautions against this danger. Hence her parapraxis had the significance of being the victim of an act of sexual aggression and of committing suicide.

This patient's neurotic anxiety originally had reference to the inner danger to which her own destructive instinct exposed her, whether blended with libido in the form of masochism or in the form of destructive impulses pure and simple (if such do indeed exist). The parapraxis which led to the accident was a victory of this instinct over the ego's instinct of self-preservation. Thus we can distinguish two different factors which probably had a traumatic effect on the patient: first, the quantities of destructive stimuli from without, which made a breach in the external barrier against stimuli and could not be bound psychically, i.e. mastered by her; secondly, the victory of the inner tendencies to self-destruction. I may say in passing that, by means of analytical enlightenment (which had already helped her to some extent before the accident), the patient before long got over this trauma.

In this particular case the destructive instinct availed itself of an external situation in order to accomplish its purpose, at any rate in part. The traumatic experience left in the patient's mind a profound sense of the power and danger of that instinct and perhaps paved the way for its fulfilment. Her analysis shewed, moreover, beyond all question that she had never got the better of the deep, narcissistic mortification sustained in childhood when she discovered, as she supposed, that she had been castrated. In both the intellectual and the moral sphere she had tried to find a substitute for the missing penis; such substitutes were, to use Radó's phrase, her 'wish-penises'. An intellectual or moral failure denoted for her castration all over again. The original conflict was, it seems, being constantly reproduced, the conflict, that is, between the effort to secure the wished-for penis, in order to get rid of her mental pain over her castration, and the destructive impulse to castrate herself, inflict pain on herself, etc. At bottom, however, we have the eternal conflict between

life and death, and it is to be noted that the ego puts up the greatest possible resistance to the death-instinct of the id and feels any partial gratification of that instinct to be painful.

Here is a second case, which can hardly be classified as a transitional type between the traumatic and the transference neurosis, although, as in the first case, a parapraxis on the patient's part led to unconscious self-injury (symbolizing castration). What we find here is a traumatic situation, revived by the subject's destructive instinctual energy in the post-pubertal period, because it was associated with a sexual temptation to which he must not yield.

A ten-year-old boy was just going to sharpen a pencil when the penknife shut up with a snap and one of his fingers was badly cut. The sight of the open wound (which hardly hurt him) and of the blood affected him very unpleasantly, and he suddenly fainted away. What distressed him most in the episode was not the sight of the cut but his psychic experiences when he was coming round again. Looking back upon it all many years later, he described his sensations, which had been repeated more than once in the interval, as follows. First there was a loud and most uncomfortable singing in the ears, of which he could never say just when it began . . . very faint, elusive and almost imperceptible dream-like feelings: dim, indistinct dream-images, such as one sees when one is falling asleep—human forms moving and passing like shadows, voices from a long way off . . . these dim and hazy dreams grew gradually clearer, and it then dawned on him that it was he himself who was experiencing all these sensations—previously he did not exist. The singing in his ears grew fainter and fainter and finally ceased. It was succeeded by an agonizing sense of disorientation: 'Had the whole thing been real and not simply a dream?' He felt quite weak, just as if he were paralysed, with all his strength gone and unable to help himself; he suffered indescribable torment and still was not sure of his own identity or how such a situation had arisen. Little by little he recollected what had happened just before he fainted, he no longer mistrusted the evidence of his senses, and his ego recovered its feeling of continuity. It was as if he came into harbour in a world which had seemed dream-like—even dimmer and more unreal than a dream—but which had in fact proved to be real.

The episode of the cut finger took place in the morning. At lunch-time on the same day the recollection of these traumatic impressions came over him and he was suddenly seized with the same feeling of faintness. He hardly had the strength to tell his mother that he was

going to faint again . . . then he knew no more until he was once more coming to with the agonizing sensations he described. As is always the case with a psychic trauma, these impressions were too much for him: he could not repress them and, in spite of their extremely unpleasant character, they frequently recurred. He felt completely powerless and helpless with regard to his fainting-fits; they came on at the most unexpected moments, sometimes without any external cause. In this state how could he possibly go out alone? After two days, however, he recovered his confidence.

One evening, when he was seventeen years old, he was walking with a friend in a very busy street when he suddenly noticed that his sense of the reality of the outside world was forsaking him: the passers-by (many years later, in analysis, he recollected for the first time, two unknown girls who had passed him) seemed like figures in a dream or rather like the shadowy visions which haunt us when we are just falling asleep. In a lesser degree they were taking on the unreality which, on the occasion of the original trauma, had seemed to envelop the real people round about him when he came to from his fainting-fit. He was seized with acute anxiety: 'Am I going to faint?' he asked himself. This is an instance of what I have referred to as something analogous to a hysterical attack: it was accompanied by acute anxiety and it conjured up the agoraphobia from which the patient had suffered long before. He now became afraid to go out in the evening, i.e. at the time when one generally begins to feel sleepy. Sometimes, the fear extended to the day also and had reference especially to walking in crowded streets: he dreaded that he might faint and make a humiliating spectacle of himself before the passers-by. He liked best to keep to very quiet streets or even to take refuge in a doorway where no one else was about. Curiously enough, this gave him a sense of security from his fainting-fits. One thing that is quite obvious here is the destructive constituent in the narcissistic mortification, in association with a libidinal, exhibitionistic tendency. As the result of analysis this patient made a complete recovery.

In connection with this case I would observe that, for a psychic trauma to occur, the subject must be conscious during the traumatic experience. Thus we see that the traumatic effect made itself felt only as the patient was gradually recovering consciousness after fainting. Further, we note that behind his dread of castration was the dread of

aphanisis (Jones [11]). Fainting is *par excellence* a manifestation of the death-instinct.

IV

The analysis of the case I have described and of many other neuroses suggests certain theoretical conclusions which I will now briefly summarize.

According to Freud anxiety is a warning-signal of an impending traumatic state in the economic sense. When it is a question of ' real ' anxiety, the subject dreads certain *external* destructive forces : it is stimuli of this sort that may upset our psychic economy. In traumatic neurosis, on the other hand, *internal,* destructive, instinctual stimuli are diverted from the channels in which they have hitherto been employed and continue the effects of the external stimuli which had formerly been operative. Freud recognized this state of things in his account of the aggressive operations of the super-ego, and he has shewn how in the sense of guilt (dread of conscience) anxiety and the death-instinct are related. We now begin to see that in neurotic danger (i.e. instinctual danger) it is once more the destructive, instinctual stimuli which menace the personality. It is true, however, that this menace usually coincides with that of the super-ego.

Let us scrutinize more closely the mechanism of repression. Children are threatened with the punishment of castration (or one of its many equivalents) and with the withdrawal of the love of those around them, if they give way to certain impulses. The ego of the neurotic never loses sight of these dangers. Formerly, he anticipated them from without (at the hands of father, both parents or other persons in authority) ; later, they have their source in the super-ego. To indulge in some particular gratification of instinct therefore is to expose the ego to danger (real or imaginary). Either the subject may suffer some act of aggression from without (or be abandoned, defenceless and unloved, to external destructive forces) ; or else he may fall a victim to the internal aggression of the super-ego, the continuation within, as it were, of the aggression from without. We know, however, that the true source of the super-ego's aggressiveness is the instinct-reservoir of the id, and that this aggressiveness derives its energy from the subject's own death-instinct, independently of the outside world. In neurotic anxiety (the dread of instinctual danger) the danger is, as I have stated, that of a possible traumatic state, resulting from the

[11] ' The Early Development of Female Sexuality ', this JOURNAL, Vol. VIII, 1927.

penetration of the inner barrier against stimuli by quantities of inner *destructive* stimuli, such as are inherent in the energic cathexes of the ideas of castration, the withdrawal of love, etc. We know that, when an instinct is repressed, what happens is this : at the cost of a certain expenditure of energy the subject keeps back the instinct on the other side of the internal barrier against stimuli, i.e. outside the ego, in order to avoid a trauma. The latter may, nevertheless, ensue, because these instinctual stimuli, alien as they now are to the ego, continue to make their way towards consciousness, and carry along with them self-destructive cathexes and thus upset the economy of the ego and paralyse the functioning of the pleasure-principle. (This is one of the distinctive characteristics of a psychic trauma.) In such a case we always find that there is a close connection between the idea of gratifying the instinct and that of the destructive consequences to be anticipated from its gratification. We are familiar with the fact that a repression is lifted when the ego's unconscious attitude to the supposedly dangerous elements is brought into consciousness and thus corrected, the cathexes of the death-instinct being thereby kept distinct from those of the libido. It seems that only the former make a breach in that internal barrier against stimuli which (to use a phrase of Freud's) separates and protects the ego from the foreign country within him. If the ego has not abandoned its repressive attitude, an invasion of it by the repressed instinctual stimuli may have a traumatic effect. For what they signify is the destruction of the subject's own person : ' I give birth and die in the act ', or ' I attain to sexual intercourse and it degrades me to the position of a prostitute and an outcast ', or ' I am raped, castrated ', or ' I exhibit myself and thereby display my deficiencies, the lack of a penis '. Alexander [12] states that certain of his female patients who suffered from agoraphobia had phantasies of prostitution. Radó takes these to be derivatives of genital masochism ; my own view is that the temptation relates to sexual discharge. The amplification ' to become a woman of the streets ' is an utterance of the destructive instinct, announcing itself through the medium of the super-ego. It is an aggressive qualification on its part.

In all unsuccessful repression a libidinal impulse is at war with a self-destructive tendency ; the victory of the latter has a traumatic

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[12] *Die Psychoanalyse der Gesamtpersönlichkeit,* Internationaler Psychoanalytischen Verlag, 1927.

effect. The anxiety experienced in phobia is a warning-signal of such a state of affairs: it is, as it were, a sense of impending death, a feeling which is probably the mode in which the traumatic state expresses itself psychically. What we are here dealing with is certainly not the mere dread of death: it is an actual process of destruction, emanating from the patient's own death-instinct (though generally inflicted indirectly through the agency of the super-ego), in which the ego becomes incapable of controlling the quantities of invading stimuli. It is easy to understand how such an internal shock can induce fainting. Thus agoraphobia may be regarded as a traumatic neurosis *sui generis*, that is, as an *internal* traumatic neurosis. By this I mean one in which the uncontrollable destructive influence does not assail the subject from without but is purely endogenic. I personally have never known such a neurosis to prove fatal, but about a year ago I read in an American newspaper that a man suffering from claustrophobia was imprisoned and, after having vainly implored to be released because of the intolerable agony his situation caused him, died in his cell ' from sheer terror '. If this case is correctly reported, we should account for it by saying that death ensued from endogenic instinctual aggression and that the man's anxiety was the psychic expression of, or reaction to, a severe trauma which terminated fatally.

The repression of instinct is an attempt on the part of the psychic apparatus to protect itself from the repetition of a trauma which it has already experienced; if, however, the repression is unsuccessful and the destructive instinct prevails, the trauma is thereby renewed. But, in my view, the victory of the destructive over the libidinal tendencies does not always involve the repetition of a trauma due to external stimuli. In many cases it produces on the subject for the first time an effect closely resembling that of a trauma but really resulting from the breaking through of the internal barrier against stimuli by the stimuli of his own destructive instinct. Here the function of repression was to prevent the traumatic influence from making itself felt at all, but, owing to the strength of the destructive instinct, the repressive forces have failed.

Radó [13] conjectures that in women the two conflicting elements are the wish for a penis and the pursuit of masochistic pleasure. In my own view, however, the crucial factor is not so much the latter as the death-instinct, whether its energy is fused in a greater or lesser degree

[13] *Loc. cit.*

with libido (and thus presents itself to the ego as a tendency to find pleasure in pain) or remains without any admixture of libido—if indeed this is possible. Masochism is probably a secondary phenomenon, arising, as Freud [14] states, from the attempt of the libido to render the death-instinct innocuous and follow where it leads: masochism presupposes the death-instinct. For if the destructive energy will not submit to the sway of the libido, as it does, for instance, when it is diverted into muscular activity, then the libido follows its lead, though it be only for a short distance. In fact, it sometimes happens that, in order to mobilize the libido at all, one has to drive it on after the instinct of destruction—and thus masochism develops. The ideational representative of the narcissistic mortification is cathected by the energy of the death-instinct and the reason why, in women, the dread of annihilation is most frequently embodied in their dread of castration or, as Radó puts it, of their own genital masochism is that their anxiety is suggested by their own anatomy: the structure of that part of the body which is most adapted for the orgastic discharge of libido. Yet behind this anxiety there lurks the dread of what Jones terms aphanisis, and this last underlies masculine castration-anxiety as well.

It may be objected that the death-instinct is a mere theoretical supposition and that it never occurs without some libidinal admixture, whilst masochism represents the clinical aspect of this primal instinct, blended as it invariably is in a greater or lesser degree with libido. But, even if it be assumed that the death-instinct is really never found except in conjunction with libido, it is, after all, only the destructive element in an instinct which can produce a traumatic effect and it is precisely the libidinal admixture which weakens that effect. So I do not think we are justified in speaking of a dread of the subject's own masochism (= the self-destructive tendency + libido). Just so, in chemistry, the action of a certain element may be studied in a compound, though it may be impossible to isolate it.

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I have tried to show that Freud's hypothesis of the death-instinct, which was bound to revolutionize our metapsychological notions, throws considerable light on the mechanism of psychic trauma. And, further, that such traumas, to which Freud at first ascribed the

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[14] 'The Economic Problem in Masochism' (1924), *Collected Papers*, Vol. II.

greatest ætiological importance, must actually be given a place in the foreground of the picture. And, lastly, the conception we now have of the nature of a trauma enables us to trace a very considerable resemblance between the mechanism of the transference neuroses and that of the true traumatic neuroses, which has so long been a source of perplexity to us.

SHORT COMMUNICATION

SOME SPECIAL VARIETIES OF EJACULATORY DISTURBANCE NOT HITHERTO DESCRIBED

BY

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Psycho-analytical literature contains accounts of the following direct and indirect forms of ejaculatory disturbance: ejaculatio præcox, ejaculatio retardata, spermatorrhœa, prostatorrhœa and orgastic impotence. But there is only cursory mention of the symptom of total absence of ejaculation.

I propose in this paper to deal with a specific form of ejaculatio retardata, which I shall call 'anonymous coitus' and, further, to differentiate two forms of total absence of ejaculation, the one urethrally and the other orally determined. In conclusion, I shall shew how a particular symptom, namely, intolerance of the postponement of sexual intercourse, is essentially the result of a defence against unconscious enuresis-wishes.

I. Ejaculatio Retardata

The symptom of ejaculatio retardata has been frequently described and is one of the typical symptoms of obsessional neurosis; anal pleasure in retention is here combined with sadistic pleasure in hurting the object, i.e. the man derives pleasure from the idea that, by prolonging the act of coitus, he may in some way be injuring or enfeebling the woman.

We know, too, that persons suffering from pregenital fixations or regression can achieve erection and ejaculation only by the aid of pregenital phantasies, which, however, interfere with the normal process of coitus.

I would draw attention to two special cases of ejaculatio retardata: the one normal and the other neurotic.

We know that many normal men and women indulge, during coitus, in sexual imaginings, in which a phantasied object takes the place of the real one. For extreme cases of such a process Ferenczi coined the term: 'onanistic coitus'. It has since been held, quite erroneously, that all phantasy during coitus is neurotic. On the contrary, these imaginings are to be regarded as normal unless they are of an obsessional character. Here we have an explanation of one

of the secrets of fidelity.[1] Such phantasies are normal, especially when the sexual object has, through long habituation, more or less lost its attraction for the partner by a physiological blunting of sensation. In such cases ejaculatio retardata may occur and it is precisely in order to avoid this (and the pain associated with it) that recourse is had to phantasy.

The following will serve as an example of a specific neurotic case. A patient suffering from ejaculatio retardata had scoptophilic desires, homosexual tendencies and derived pleasure from hearing obscene words. His case was further characterized by anal regression and acute depression, and his love-relations were conditioned as follows : he insisted on his partner's recounting to him, during coitus, how she had performed the sexual act with other men, what their behaviour had been, what phrases they had used, what her own sensations had been, etc. She had to describe all this to him in the most vivid manner possible ; if she failed to do so, the patient either was altogether impotent or could not achieve ejaculation. He also insisted that she should use ' popular terms ', i.e. obscene words, in telling him these details. He then identified himself both with the man and the woman who had had intercourse. He performed the act, as it were, incognito, and on one occasion when he attempted it ' in his proper person ' the erection collapsed instantly. His fiancée, herself a sufferer from agoraphobia, made use of the patient, with his gloomy temper, his constant aggression and his perpetual complaints, as an instrument of her own sense of guilt, contriving a breach with him once her neurosis had worked itself out. She refused to recount to him the details he asked for, and the result was that his sexual interest in her declined. Her successor was a girl of considerable sexual experience, who complied with his singular wishes. These were over-determined in a highly complicated fashion. The basis of the whole thing was the constant repetition of a scene in the patient's childhood, in which his father and mother had intercourse. When he reached puberty, this was still his conscious phantasy when masturbating. After a period during which he hated his father, dread of castration led him to take refuge in the phantasy of fulfilling, in the person of the latter, his own Œdipus wishes in relation to his mother. This enabled him consciously

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[1] Fidelity has another root : the pre-Œdipal and Œdipal situations of childhood relate normally to *one* person, the mother.

to retain the phantasy, while at the same time it evoked in him the most bitter self-reproach, which he referred to the consequences of masturbation. (It was because of this phantasy and the habit of onanism that the patient, at the age of thirty, came to be analysed.) The scene in which he was compelled to imagine himself someone else gratified, besides, his unconscious scoptophilic desires which had also a sadistic factor in them, for unconsciously he enjoyed hearing about the assaults, shame or pain which his partner had undergone.[2] Similarly, the condition which he desiderated for coitus revealed a marked unconscious, homosexual component, which contributed to his passive-feminine identification: he identified himself unconsciously with the woman (i.e the mother) in the sexual act. Other determinants of his peculiar wish were a tendency to masochistic abasement and compensation for the ' little penis ' complex. But the really decisive factor was the relief afforded to his sense of guilt by the idea that not he himself but some other man was performing the act. In this roundabout fashion he cunningly derived a ' right ' to listen to obscene words.[3] Grotesque as it may seem, such words in themselves (apart from the pleasure derived from hearing them) served to relieve his sense of guilt. He was purporting to convert the actual coitus performed by himself into a description of the act as performed by another, with the accompanying unconscious phantasy: ' It is not I, but someone else, who do this forbidden thing and, since I am neither doing nor saying anything, I cannot be held in any way responsible '. We may coin the term ' *coitus incognito* ' or ' *anonymous coitus* '.

This subtle, unconscious mechanism, while it enabled the patient to achieve intercourse conditionally, nevertheless did not save him from acute attacks of depression, which represented the punishment for his Œdipus wishes. In spite of his ' compromise ' with his father he was perpetually coming into conflict with his employers; in fact, it gave rise to such incidents, for his attitude towards them was extremely provocative, and unconsciously he anticipated from them the punishment which he actually suffered. Upon his mother's falling

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[2] Considered from the angle of cynicism this case is one of a scoptophilic cynic. For a fuller discussion of this point cf. ' Zur Psychologie des Zynikers ', *Psychoanalytische Bewegung*, 1933.

[3] Cf. a communication by the author in the current number of the *Zeitschrift*: ' Über obszöne Worte ', *Internationale Zeitschrift für Psychoanalyse*, Bd. XX, 1934, S. 112 f.

ill he had serious thoughts of committing suicide, in order to prevent his old father, whose death he also feared, from being buried beside her ; he wanted to die before his father so as to rob him of his place by the mother's side. (This fulfilment of Œdipus wishes in the very grave recalls similar behaviour on the part of Echnaton, as described in Abraham's paper: 'Amenhotep IV', *Imago*, Bd. I, 1912, S. 334.) The patient had, moreover, a curious method of handling his semen : after ejaculation, when masturbating, he would examine it closely and crush up the little clusters. The reason why he so examined it was that he had originally believed that masturbation caused bleeding ; he was acting on an unconscious punishment-phantasy. Crushing the sperma was, in his unconscious identification of himself with his father, equivalent to murdering brothers or sisters.

II. Absence of Ejaculation (Psychogenic Aspermia)

Leaving aside organic cases we can distinguish more than one form of failure of ejaculation.

(*a*) First, the *urethral* form, the decisive factor in which is castration-anxiety evoked by enuresis in the past :

A young man came for treatment on account of a single symptom : he was capable of erection and had performed the sexual act on several occasions but had never achieved ejaculation. When resorting to prostitutes, he promised to pay an extra sum—which he called the fee for success—if they could induce ejaculation. As a child he had suffered from enuresis, a symptom which had embittered his childhood. He was markedly passive and extremely dependent psychically upon his mother who, herself an hysteric of the aggressive type, was the dominating personality at home. The patient's enuresis had passed through the three typical phases :[4] (1) the desire to be able to urinate more than the father (here the urine represented the seminal fluid) ; (2) a protest against castration and, finally, (after psychic self-castration) (3) identification with the woman, associated with the idea of a hole in her body which could never be closed and from which fluid issued unceasingly (cf. H. Deutsch's account of this idea).

[4] I would refer the reader to my account of several cases of enuresis in 'Psychoanalyse eines Falles von Prüfungsangst', *Zentralblatt für Psychotherapie*, 1933, and also to the second case (writer's cramp) described in : 'Der Mammakomplex des Mannes' (by Eidelberg and myself), *Internationale Zeitschrift für Psychoanalyse*, Bd. XIX, 1933. The same paper contains references to the *oral* component in enuresis.

Now, in the patient's mind the prohibition of bed-wetting was *too* drastic ; unconsciously he remained arrested in his idea that sexuality was synonymous with bed-wetting, identifying the latter with ejaculation. On the genital level his dread of ejaculation proved to be a dread of castration : he identified the sperma (urine) with the penis. One manifestation of his feminine identification was a recurrent eczema of the rectum, which caused him to ' scratch ' in that region, i.e. to masturbate. Anal pleasure in retention also played a part in the absence of ejaculation.

When we had discovered and worked through the psychic origin of his symptom, the patient soon began to be able to achieve ejaculation and even, to some extent, orgasm. He refused, however, to go on with the analysis of his feminine identification, declaring that he was now ' all right '. From his analysis it may be conjectured that he shrank from working through the oral side of his symptom and that this was the true reason for his giving up the treatment.[5]

(*b*) A good example of an *orally* conditioned failure in ejaculation is the following :

A patient, twenty-seven years old and suffering from impotence and erythrophobia, came to be analysed on account of his total incapacity for relations with women. He had never attempted coitus nor did he masturbate ; an itching of the rectum, supposed to be due to hæmorrhoids, led him to ' scratch ' and this soon revealed itself as an anal equivalent of masturbation. He had apparently no interest in genital activity and his incapacity for relations with the female sex really only wounded his narcissism. From time to time he had pollutions ; he never had an erection unless he witnessed a mother whipping a child. His day-dreams were either beating-phantasies [6] or else took a peculiar military form, as follows : a young lieutenant, at the head of his

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[5] The rapidity with which the change in this patient took place was itself due to anxiety ; unconsciously he was renouncing a symptom in order to safeguard certain pleasurable psychic positions which lay deeper in his unconscious and to withdraw from analysis. Freud speaks of a ' flight into health '.

[6] In this article I am giving *extracts* from long analyses. The picture they give has reference merely to the disturbance in ejaculation and (since it is impossible to give a detailed account of half a dozen analyses) it is necessarily not exact. For instance, I cannot touch on a number of important problems, e.g. the beating-phantasies, which were thoroughly analysed. I hope to deal with them on another occasion.

platoon, led a charge from a trench with the object of dislodging the opposing force from a trench on the edge of a wood. It transpired that these 'military' phantasies had been preceded by naval ones: as a child the patient had had phantasies about Tegetthof, an Austrian admiral, of which the scene was always at sea.

His analysis was unusually complicated and tedious. It revealed first of all passive-feminine homosexual factors, which amazed and, indeed, shocked him and exposed the feminine identification, which manifested itself in the wish to be beaten. Superficially, he identified himself in his beating-phantasies with the child who was beaten but, in a deeper level of his mind, with the mother who did the beating. On analysing his Œdipus complex we discovered a strong sadistic factor and found that he held the theory that, in coitus, some terrible injury was inflicted on the woman. Whipping was a greatly modified and attenuated form of the original, sadistic idea. His passive attitude manifested itself not only in relation to his mother: a sister, seven years younger than himself, dominated him completely. She even had the business, which nominally belonged to the patient, entirely in her own hands. Another way in which his passivity shewed itself was in his attitude of willing endurance of suffering, in which his sense of guilt and his primary masochism found an outlet. This masochistic attitude had nearly ruined his business; for instance, he bought, quite of his own accord, a warehouse which was far too large for his requirements and he was constantly trying to raise money to free himself from financial embarrassments of his own making, etc. His business-life gave him ample opportunity for gratifying both his pleasure in anxiety and his wish for punishment.

His passivity was, however, in part secondary. Under pressure of castration-anxiety his inner aggressive tendency had been repressed and to some extent it reasserted itself. The erythrophobia proved to be (as it usually is) a displacement of erection from the genital to the face, designed to call down punishment, and here exhibitionism and aggression came into play.[7] After a long period of analysis the patient succeeded in having sexual relations with women, and he then displayed a strong aggressive tendency. He would strike his partner on the face, arms or buttocks, bite her arm, etc. The anxiety evoked by these aggressive acts caused him to relapse again. Having recovered from

[7] I do not propose to enter here into a discussion of the deeper mechanisms of erythrophobia.

this set-back he remained for a long time perfectly capable of erection and had intercourse frequently, deriving the initial pleasure in coitus from aggressive behaviour (the importance of beating, however, had notably diminished), but he still failed to achieve ejaculation. At first sight one was tempted to assume that there was some organic trouble, but this idea was negated by the following circumstance: it happened over and over again that, when the patient spent the night with his mistress, *after having performed coitus without ejaculation,* there ensued a copious pollution. This shewed that all that was lacking was the connection between ejaculation and the genital object.

It was when we came to analyse his *oral* instinctual components that light was thrown upon his trouble with ejaculation. I had been struck by a statement of the patient's that, during coitus, he used suddenly to secrete large quantities of saliva. This symptom recurred regularly and we were able to study it closely. It proved that the flow of saliva was an oral substitute for ejaculation.[8] The genital disturbance of ejaculation turned out to be at bottom a mode of revenge on the mother: the patient wanted to ' get something ' from the woman, whereas in reality he should have ' given something up '.[9] A dream which occurred quite late in his analysis shewed what this ' getting something ' referred to.

The dream was as follows. ' My mother asked me to go and get a roll and butter for her. I went to the chemist's and, thinking that they were buttering the roll, I sat down by the door and began to play with two boys, ' flipping ' their noses. I did the same to a girl who came in, but I did it more half-heartedly. I then went to the counter and saw a roll being buttered in a rather unappetizing fashion, but it turned out that it was not for me. I lost my temper and went off to the dairy behind the market-hall. But instead of a dairy I found a

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[8] In this article I shall not discuss the relations between the death-instinct and ejaculation but refer the reader to the chapter headed: ' Die Angst des Mannes vor der Frau ' in my joint work with Eidelberg: ' Der Mammakomplex des Mannes ' (*Internationale Zeitschrift für Psychoanalyse,* 1933).

[9] Unconsciously the patient thought of the vagina as a mouth and the penis as a breast (= the maternal phallus). He was thus required to do precisely what the phallic mother, as ' castrator ', had refused to do for him: to cause a fluid to flow from the breast into the other person's mouth. Hence his refusal to perform ejaculation was unconsciously motivated by revenge.

large umbrella-shop. Then I came to a place where they were building and I saw a plank with these words written on it: "Dairy on the ground-floor". I could not make up my mind to clamber up to it'.

Without embarking on the complicated interpretation of the details of the dream I would draw attention to the combination in it of elements of all three sexual phases and would emphasize especially the oral and the anal wishes. (The patient's association to the chemist's [German: *Drogerie*] was the American term 'drug store', which he arrived at by way of the similar-sounding word: '*Dreck*' [= fæces].) In the deepest level of all he was fulfilling his wish for the dairy, i.e. his mother's breast, which unconsciously he conceived of as his mother's phallus.

We see, then, that the patient proved to be one of those who have come to grief over the 'breast-complex', i.e. at the stage of pre-Œdipal mother-fixation.

There next came to the surface some further oral material, which threw the first light as yet received on the patient's deep, unconscious hatred of his mother. He suddenly remembered that she had told him what trouble she had in weaning him. He had flatly refused to exchange her breast for a bottle and for some days would take no nourishment at all. Finally, a special bottle was procured for him, with a long glass mouth, for he would not touch a bottle with a rubber teat. Thus we had succeeded in tracing right back to the age of infancy the deepest roots of the disturbance in ejaculation.[10] In the paper to which I have already referred, 'Der Mammakomplex des Mannes', we confirmed the hypothesis of Stärcke and Rank that children discover in their own penis a substitute for the mother's breast, now lost to them, and we suggested that the unconscious repetition-compulsion causes them to reproduce *actively* what they have experienced *passively*, the process representing an attempt to master psychically the trauma of weaning. From being the passive recipient of his mother's milk the child, possessing himself psychically of the penis, has become the active bestower of urine (= milk). He tries to overcome the severe narcissistic mortification inflicted by the with-

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[10] Long after the interpretation of the patient's oral instinctual component his mother volunteered an interesting confirmation of this assumption; she said that circumstances obliged her to wean him when he was three months old, for she ran a business which made it troublesome for her to go home, some distance off, several times a day.

drawal of his mother's breast and to re-establish the sense of his own omnipotence. When he reaches manhood and performs coitus he at last succeeds, by identifying himself with the phallic mother,[11] in freeing himself psychically from the trauma of weaning, by actively reproducing that which he passively experienced.

I would now add to what has already been said on the subject that, in my view, one possible result of failure to surmount the breast-complex is a total absence of ejaculation. The penis refuses to perform its normal function and, in order that the subject may be revenged on the woman, ejaculation (= milk = urine) fails altogether.

The patient himself maintained that he had never wetted his bed ; his mother, on the other hand, an hysteric with a great flow of words, had suffered from enuresis in childhood. We may suppose, therefore, that she was very strict about ' sphincter-morality ' in her own child. Here we have a link with the urethral form of disturbance of ejaculation, which I mentioned earlier.

We have confirmation of this hypothesis in a parapraxis by the patient at a late stage of his analysis. He was making tea for his mistress and ' accidentally ' poured the whole contents of the teapot into her lap. The following dream fits in here : the patient was on a terrace and was gargling. He spilt the water down the steps and a gentleman was furious at such an ' outrage '.

After some time, his habit of biting during coitus gave place to sucking the woman's shoulder. The flow of saliva at such times proved to be, for one thing, a ' magical gesture ', designed to express his deepest wish, namely, to suck at his mother's breast. His interest in a woman's breasts had long been completely repressed. At the same time, however, the flow of saliva was a sign of his ' autarchy ' : he produced it and swallowed it himself and this was meant to convey that his mother's breast was superfluous and to represent his independence of her. Further, it represented contempt for the mother, in the sense of spitting on her. The fact, however, that he did not spit and, by his own account, had never been able to vomit since he reached puberty shows a deeply-rooted desire for retention, a desire both orally and anally determined. An amusing detail which went to confirm our interpretation was that the patient's best customers,

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[11] But even in coitus there are still fundamental, narcissistic elements. Cf. the section entitled : ' Die autarkische Fiktion ' in ' Übertragung und Liebe ', a joint work by L. Jekels and the present author. *Imago*, 1934.

for whom he took much trouble for years, were the members of the fire-brigade! His naval phantasies when going to sleep tallied with this view. External circumstances prevented the conclusion of this analysis.

(*c*) In the case of a patient suffering from pseudo-debility a difficulty in ejaculation proved, again, to be due to oral impulses of revenge. 'Why should I give her anything? Does she (the woman) give me anything?' said this patient once, after he had been analysed for some time. For the complicated details of this case I refer the reader to two previous papers.[12]

(*d*) In another case the patient quite consciously checked ejaculation. He did not want to spend 'his strength': this statement served as a cloak for his castration-anxiety.

(*e*) In other patients ejaculation took place but was followed by feelings of guilt. Here, as in our first case, there was an identification of sperma with blood. Or else the semen was regarded as a 'very special kind of vital fluid' which was irreplaceable. One patient had the idea that the spinal cord resembled a chemist's warehouse and believed that, every time ejaculation occurred, it was like emptying a bottle, and that thus one could calculate mathematically the moment at which potency would cease. It did not occur to him that the 'fluids' in the bottles might be replaced.

III. Coitus as a Defence against Enuresis

A patient with 'chronic hypochondriacal neurasthenia' (Reich, Schilder) suffered amongst other things from a typical dissociation of the tender and the sensual elements of sexuality, the two being related to separate objects. The first type of object was such a woman as he could respect, who had 'no sexual desires' and neither wished for nor expected 'this absurd jerking the buttocks about' (intercourse). To the second type belonged 'inferior' women, whom he despised, servants, for instance, with whom it was permissible to have intercourse. The patient was potent only with women of this type.

This dissociation, which was described long ago by Freud, was accentuated in the patient in question by a peculiar characteristic:

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[12] 'Zur Problematik der Pseudodebilität', *Internationale Zeitschrift für Psychoanalyse*, 1932. Additional remarks on this subject are contained in the account of Case III in 'Der Mammakomplex des Mannes', *Internationale Zeitschrift für Psychoanalyse*, 1933.

he was absolutely unable to tolerate delay when he had intended to have intercourse at a particular time. The following is an instance of this peculiarity. He was always hunting for the ' right woman ' (whom, naturally enough, he could never find) and one day he told me that at last he had found her and raved about her bodily charms, her intellectual interests and so forth. Two days later, he informed me that he had broken off his relation with her, although it was gratifying to him on the sexual side also. He had tried to arrange by telephone a meeting at which they would have intercourse, but she had been too busy, whereupon he had delivered an ultimatum, and ' that was the end of that ! ' When I pointed out how extraordinary his impatience was, he said indignantly that he really could not risk the danger of a pollution. When I asked what he thought was dangerous about it, he answered with a rationalization about a general lowering of the tone of the body and the pleasure of which he had been deprived. In reality it transpired that he had suffered from bed-wetting and, as late as his tenth year, had still not succeeded in acquiring the normal habit of consciously controlled urination. Unconsciously he regarded coitus as a means of avoiding enuresis and this was why he could not endure it to be deferred.[13] So the ' danger ' of a pollution or, in sexual intercourse, of ejaculation at the wrong moment was really the ' danger ' of wetting his bed. For this reason the patient often performed coitus ' as a precaution ', to use his own phrase. Naturally, his rationalized version of the matter was different. His inner lack of interest in women was due to his pregenital fixation to Œdipus phantasies. His only real relation to women was his desire to be revenged on them, and this he indulged in the subtlest fashion. Even consciously he dubbed women the ' chamber-pots ' into which one ' squirts ' something. Any deep-seated attachment to a sexual object he repudiated as ' a weakness in men of inferior character'. As is always the case, such an attitude was a cloak not merely for impulses of revenge but for acute castration-anxiety.

One interesting point was that the patient felt himself ' disturbed ' by the normal movements of the woman in coitus and even by her orgasm. He insisted that she should keep perfectly still and wait for him to ' squirt ' the semen into her vagina. This was partly the

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[13] It goes without saying that this intolerance was over-determined. For instance, he wanted to test the strength of the woman's love. Further, sadistic motives played a part.

outcome of sadistic phantasies—immobility being equated with death—and further it implied the debasement of the woman to the level of a piece of bed-linen : the sheet did not move when he wetted his bed.

I have treated eight cases (seven men and one woman) in which the patients had formerly suffered from enuresis. Of the seven men, *four* were impotent, chiefly owing to *genital* castration-anxiety. They all belonged to the passive-feminine-homosexual type. The fifth patient suffered from total absence of ejaculation ; here the *urethral* factors were the most important (Case (*a*) of the second group described in this paper). The sixth was apathetic in sexual matters and one of his symptoms was writer's cramp. (Cf. ' Der Mammakomplex des Mannes ', Case II.) He was *orally* fixated. The seventh was abnormal in relation to coitus, in that he could tolerate no delay. This is a very common trouble. In the case which I have just described, it arose principally from the attempt to ward off enuresis.

I have had three other cases of disturbance of ejaculation, in which there was no history of enuresis. These patients suffered from fixation or regression, one to the anal phase (the case of ' anonymous coitus ') and the two others (Cases (*b*) and (*c*) in the second group described in this paper) to the oral phase.

ABSTRACTS

General

Marjorie Brierley. 'Present Tendencies in Psycho-analysis.' *British Journal of Medical Psychology*, 1934, Vol. XIV, pp. 211–229.

This paper attempts to trace the development-pattern of general psycho-analytic theory on the ground that present tendencies can be most easily understood in the light of their historical perspective.

In the early stages (when the *Three Contributions to Sexual Theory* was published in 1905) the psyche appeared as a two-fold system, consciousness (including the pre-conscious) and the unconscious (equated with the repressed), and could be regarded topographically as a series of levels. Mental life was also described dynamically in terms of instinctual drives. A big advance had been made in knowledge of the sexual instincts but the ego was still unexplored and the psychic mechanisms so far recognized were chiefly repression and displacement. Subsequent increase in knowledge of the organization of infantile sexuality, of the rôle of sadism and of the nature of the ego culminated in Freud's recognition of a primary instinct of aggression and the publication in 1923 of *The Ego and the Id* which laid the foundation of modern theory. The psyche has now become a three-fold system consisting of the Id, the unorganized reservoir of instinctual drives and the Ego and Super-ego, the organized systems through which these operate and by which they are controlled. The unconscious is no longer equated with the repressed, the existence of other methods of instinctual defence, notably introjection and projection, is recognized, and the economic canon of description, the notion of distribution of energy between systems, has been added to the topographic and dynamic. It is evident that we can no longer study development in terms of a theory of impulses alone but must at every stage be prepared to take into account the type of ego-organization through which they operate and the mechanisms by which they are controlled, including the degree of ego-differentiation and of reality-sense development which obtains. The theory of development in terms of libidinal stages has to be expanded into a theory of developmental phases of the whole psyche.

The first effect of the new formulations was to promote research into the functions of the super-ego, especially the sense of guilt and the need for punishment, both in pathogenesis and in 'applied' fields. Freud himself introduced his 'signal' concept of anxiety. In this country research was still further stimulated by the findings of child analysis by the play technique which brought to light the intimate relations between anxiety and aggression and the stimulating influence of anxiety in development which has led us to the conception of psychic life as continuous mastery of anxiety. Work in England has also been greatly influenced

by Melanie Klein's views on the early onset of the Œdipus complex and the early origin of super-ego-formation. These in turn rendered necessary a re-examination of early ego and reality sense development in which Edward Glover has led the way. The earliest phases of development still remain largely theoretical reconstructions and more adequate behaviouristic evidence about them is greatly to be desired. They offer peculiar difficulties to adult apprehension and these difficulties are often increased by inexact terminology. The outstanding problem at the moment would appear to be to make the systematization of theory keep pace with its rapid growth and to correlate the new with the old.

Author's Abstract.

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Edward Glover. 'Unbewusste Wünsche im Alltagsleben.' *Psychoanalytische Bewegung*, 1933, Jg. V, S. 485–500.

A new way of proving the importance of the unconscious is by emphasizing the amount of irrational feeling, thinking and acting which takes place in everyday life. Impressive behaviouristic material illustrates the neurotic and psychotic traits found in normal persons and shows the frequent occurrence of anxieties, phantasies, narcissistic turning away from reality, depressed and manic attitudes, obsessional, paranoid and hypochondriacal traits in everyday life.

Melitta Schmideberg.

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Henrique Roxo. 'Psico-Analise.' *Arquivos de Medecina Legal e Identificação*, Rio de Janeiro, 1934, Ano IV, N. 8, pp. 127–135.

An introductory and very elementary lecture on psycho-analysis.

Mayor.

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E. Graham How. 'The Science of Error.' *The British Journal of Medical Psychology*, 1933, Vol. XIII, Part 1.

Any scientific value that this paper might have i ost in an overgrowth of platitudes and generalities. Truth is divided into 'truth' subjective and 'truth' objective. The former is what the individual feels to be the truth and what he would like to be the truth. The sources of error are classified under seven heads, viz.: (1) Limited sensibility, (2) Wish fulfilment, (3) Externalization, (4) Recapitulation, (5) False association, (6) The time factor, (7) The balance of opposed couples. There is some discussion and criticism of Psycho-Analysis, but the author's qualifications for this rôle may well be doubted. To give one excerpt, he writes: "That the Œdipus complex is not determined by experience but only makes use of it, is shown most clearly in cases where the father died before the child had time to experience him, leaving the Œdipus tendency free to flourish unchecked by the limiting process of experience.'

D. Matthew.

M. S. Kruger. ' Pleasure and Pain and the Emotions.' *British Journal of Medical Psychology*, 1933, Vol. XIII, Part 1.

' Pleasure and pain are emotions, not sensations, in the usual sense. The so-called ' physical ' pain (pleasure) is any type of sensation which gives rise to the emotion of pain (pleasure), while the so-called ' mental ' pain (pleasure) is the emotion of pain (pleasure) arising in response to a thought which is not a sensation. Pleasure is the organic welcoming (receiving within) reaction, while the pain is the organic shrinking (excluding) reaction. Sensations (which include appetites and emotions) are pleasurable, indifferent or painful according to whether they do or do not conduce to vital needs. Probably all the ' emotional ' reactions are in essence the same for all species, being based upon the main types of behaviour possible to any organism. Emotions (including appetites) may be divided into four main groups : those of desire, of rejection, of satisfaction and of non-satisfaction. The position of the hedonist seems to be sound, if we understand by pleasure (pain), not the emotion, but the pleasant (painful) sensations or other thoughts which give rise to the emotion, and if we realize that there is fundamentally no difference between instinctive and intelligent action or between function and behaviour."

Author's Abstract.

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Imre Hermann. ' Bemerkungen zu Ferenczi's Gedanken über das Trauma.' *Internationale Zeitschrift für Psychoanalyse*, 1934, Bd. XX, S. 12–15.

Psycho-analysis started from the trauma, but in the course of its development interest came to be centred more on the general laws governing mental development. The difference is one of accent. In the one case, the individual himself, in the other, the supra-individual laws of his being occupy the foreground. Ferenczi was primarily interested in the individual as such.

A brief historical note on Ferenczi's work in relation to the trauma follows.

H. Mayor.

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Anny Angel. ' Einige Bemerkungen über den Optimismus.' *Internationale Zeitschrift für Psychoanalyse*, 1934, Bd. XX, S. 191–199.

The authoress illustrates her subject by material from the cases of three women patients. She cites Abraham's views that optimism depends on a happy sucking period. She holds that infantile omnipotence must be adjusted to reality before an individual can develop into a true optimist ; where the belief in the magical power of the wish triumphs, optimism will be illusory. In a woman optimism depends further on the time and the

way in which she has accepted her lack of the penis and this again depends largely on the attitude of her environment towards this lack.

The authoress thinks that in men optimism is often linked with a sense of oneness with Mother-earth, and is thus presumably bound up with phantasies of a happy return to the mother's body. There seems to be some connection between humour and optimism. The difference appears to be that in humour the indulgent attitude of the super-ego is momentary while in optimism it is permanent.

I. F. Grant Duff.

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CLINICAL

Michael Bálint. 'Charakteranalyse und Neubeginn.' *Internationale Zeitschrift für Psychoanalyse*, 1934, Bd. XX, S. 54–65.

The analyses of patients who came with minimal or quickly relieved neurotic symptoms but who complained of unsatisfactory capacity for love and enjoyment shewed that they feared the excitements of pleasure and did not therefore dare to enjoy themselves. Investigation led back in each case to situations of the following type : over (or under) stimulation of the differing sexuality of the child by the sexual needs (or inhibitions) of an adult, consequent efforts on the child's part to gain sexual satisfaction, followed by repulse and a severe lecture by the adult. The result was secrecy and terror of sexual excitations in the presence of others. The passive unstimulating and unstimulated attitude of the analyst alone gives the possibility of repetition of such situations in the transference before revival of the memory of them. It is important that the patient can now himself determine the quality of excitation in contrast with the original incidents. 'Active' technique and the offering of advice therefore both fail, though Dr. Bálint mentions, without particularizing, revisions of passive technique which help to bring about catharsis of intense affects, memories, and the 'fresh beginning' of learning to love guilelessly and unconditionally like a child.

From his investigation of such cases Dr. Bálint envisages character (not the faults of character) as originating in anxiety and the fear of punishment, and as a more or less extensive limitation of capacity for love and enjoyment as well as of hate.

M. N. Searl.

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Sándór Rado. 'Psychoanalysis of Pharmacothymie (Drug Addiction). I. The Clinical Picture.' *Internationale Zeitschrift für Psychoanalyse*, Band XX, S. 16–32.

This paper reviews the vicissitudes of the ego during drug addiction. Intoxication brings with it full narcissistic satisfaction and infantile

omnipotence, and experience of these comes to be preferred to any social achievement or sexual gratification. With an embargo laid on social and sexual activity, the organism retains chiefly possibilities of masochistic satisfaction, and passes therefore under the control of the death instincts. Various compromises of libido with primary masochism are recorded.

Merell Middlemore.

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George W. Wilson. 'Report of a Case of Acute Laryngitis occurring as a Conversion Symptom during Analysis.' *The Psychoanalytic Review*, 1934, Vol. XXI, No. 4, pp. 408–414.

An episode of aphonia in the course of analysis of a case of constipation is reported. Both conditions were based on anal sadistic tendencies, the aphonia making its appearance in connection with memories of singing to his father (toward whom he had hostile feelings) and of incidents involving profanity, the use of which was a form of aggressiveness which he denied himself.

Lucile Dooley.

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Luis Jiménez de Åsúa. 'Um caso de grande sadismo'. *Arquivos de Medecina Legal e Identificação*, Rio de Janeiro, 1934, Ano IV, N. 8, pp. 291–294.

A propos of Peter Kürten, the author, a famous criminal lawyer, mentions other similar cases, including that of an Argentine who opened up women, extracting and eating the uterus. These cases should be dealt with by the clinic, not the court. The author considers that they belong to the group of criminals, described by Alexander and Staub in their 'exceedingly important' book, in which the ego rejects the criminal impulse but is compelled to carry it out.

H. Mayor.

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Karl A. Menninger. 'Polysurgery and Polysurgical Addiction.' *The Psychoanalytic Quarterly*, April 1934, Vol. III, No. 2, p 173.

The literature contains many reports of psychoses directly precipitated by surgical operation and many neurotics date their symptoms from an operation. We no longer think of suffering victims snatched at by meretricious surgeons but realize now how the neurotic patient forces himself on the surgeon to gratify his unconscious needs. Individuals dominated by the repetition compulsion return again and again for more surgical castrations.

Leonard Rothschild.

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SEX

Fritz Wittels. 'Motherhood and Bisexuality.' *The Psychoanalytic Review*, April, 1934, Vol. XXI, No. 2, pp. 180–193.

Four pathological cases are presented in which the neurosis is centred around the illusion of motherhood. Only one of these women became a real mother, the other three constructed illusions of motherhood. The first, a case of obsessional neurosis, envied her mother's possession of children, behaved toward children as she would have liked her mother to behave toward her, had guilt feeling after the death of her mother but desired to demonstrate to her father her ability to substitute successfully for her, and satisfied these desires and also a consuming penis envy by an illusionary motherhood. Her desire for motherhood was found to be not feminine but anal-sadistic in its foundation. It proved to be an attempt to reach the phallic phase by way of an illusion of motherhood.

The second was a woman of masculine type and pronounced homosexual tendencies who developed paranoia and fulfilled her passionate desire for motherhood delusionally.

The third, a masculine type, expressed in a delusion of pregnancy her revolt against her domineering mother and her disappointment in her husband for his not giving her a baby.

The fourth, a case of compulsive motherhood, was motivated by a desire for revenge on the mother, the child being equated to a penis, the possession of which signalized triumph over the mother. The death of her first child was felt as a castration to which she reacted with an obsessional desire for direct compensation in renewed pregnancies.

These cases go beyond the already known mechanism by which penis-envy is related to the desire for a baby, in that the patients use their pregnancy, real or imagined, as a confirmation of their illusioned masculinity. They feel that once they have children and can thus show the world that they are feminine beings, they have established the right to play the masculine rôle. This seeming paradox has been confirmed by the findings of psycho-analysis and also in other fields of investigation.

Psycho-analysis of children has shewn that all children up to a certain age regard their mothers as masculine beings and even after they have become aware of sex differences still cling for a long time to the myth that their mother, in contradistinction to all other women, possesses a phallus. Mythology of the Egyptians and some other peoples depicts the mother androgynously. From biology we have the supporting facts that pregnant women temporarily display secondary sex characteristics, that among even the most timid animals the female displays unusual aggressiveness in defence of her young, and that pregnancy itself is a bisexual product. Psychology bears witness to the fact that the child is not desired by lovers, who, in the height of their passion, think only of each other, but that only

after conception are they forced down to earth by biological-social necessity. There are women who are never lovers but who long only for children, making clear the truth applying also to normal women that pregnancy may be regarded as a narcissistic regression. The narcissistic feelings cease after birth of the child and after a short interval the normal woman is again drawn towards the man. The rivalry with and identifications with the mother stressed by Helene Deutsch and others as motives for compulsive motherhood are really an overlying structure of the biological masculine-feminine principle which shapes its bisexuality in the form of motherhood or beauty, as Wittels has endeavoured to set forth in this and in a previous paper.

Among the defences against homosexuality, therefore, we find not only paranoia but also certain forms of feminine beauty and motherhood. It is possible that the pathological conflicts described above reveal in a crude and distorted form that which is also an intrinsic fact of normal motherhood.

Lucile Dooley.

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C. P. Oberndorf. 'Priapism of Psychogenic Origin.' *Archives of Neurology and Psychiatry*, June 1934, Vol. 31, pp. 1292–1296.

A case of priapism is traced to a psychogenic origin. Priapism is defined as 'persistent, prolonged erection, painful as a rule, unaccompanied by sexual desire and not relieved by sexual intercourse.'

The patient, a negro, aged twenty-two, suffered from an attack of priapism of sixteen hours duration. Examination failed to reveal a physical cause. After thirty-six days the priapism gradually disappeared under continuous bath therapy.

The psychosexual history of the patient, excitement and suppression of ejaculation, because of the incestuous character of the object (sister), is said to point to a psychic cause for the priapism. In masturbation and later in coitus the patient continued erections as long as possible and practically never ejaculated intravaginally.

The literature on priapism is reviewed; and the paucity of psychogenic studies stressed.

P. Goolker.

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H. Behn-Eschenburg. 'Contributions on the Antecedents of the Œdipus Complex.' *Internationale Zeitschrift für Psychoanalyse*, 1934, Bd. XX, S. 200–209.

Dr. Behn-Eschenburg describes some incidents in the life of a girl infant, recorded by her mother, and discusses current questions, including the ætiological relations of the Œdipus complex to the neuroses, the time

of onset of the complex and the factors affecting the feminine change of object from mother to father, in the light of these observations.

This little girl indicated that she had already changed her object (the most easily observable index of onset of the Œdipus situation) at the age of two and a half years. While helping the maid to make the parents' beds one morning she forbade her to push them together when finished. To the maid's objection that if not pushed together one might fall into the space between the two she replied that then, when mother was dead, she would sleep in her bed. At 17 months the baby had first encountered a naked boy on the bathing beach. She sat down and gazed at his organ for a long time and then began to search herself, uttering meanwhile the little whimper which was her usual way of announcing that all was not well. Two months later a boy cousin of ten months came to stay and her things were used for him. She watched everything with close attention, insisting on being present when he was bathed, studying and trying to touch his organ. For the first time she shewed marked signs of jealousy, trying to keep everyone away from her mother and refusing to share her toys. On a subsequent visit she threw a glass ball which she used to press between her legs and sit on, at the cousin's head, narrowly missing him. By 2½ years, when another cousin (five months) came to stay, these preoccupations seem to have been successfully repressed. Her reactions to this baby were positive and helpful but she remarked on all the things he could not do, he could not walk or run and had no teeth. She shewed great discomfort however when she first saw him suckled, did not want to look and asked no questions. Her attitude to her mother, hitherto good, now became markedly ambivalent. In particular she bit her in the breast and began to say ' no ' to everything she was asked to do. The Œdipus scene already described took place a few weeks later.

Behn-Eschenburg considers that these observations support Freud's view that the lack of a penis constitutes a severe narcissistic wound to the girl-child and that it is the desire for a penis which drives her to the father via the equation penis-child. The turning from the mother seemed to be determined finally by the reawakening of the weaning deprivation aroused by the sight of the cousin suckling, but the mother was presumably held to blame for the lack of the penis by analogy with the child's anal experiences. The observations record no change in attitude to the mother immediately following the beach episode beyond the jealous desire to keep people away from her. The author emphasizes the importance of the time factor in relation to observation. The child's behaviour at 2½ years revealed almost nothing of what had been so important at 17 months. He also concludes that onset of the Œdipus complex at such an early age as 2½ may not be unusual and that at any rate in the girl, this phase may not be sharply demarcated from pre-œdipal phases but may run

concurrently with them ('nebeneinander, ineinander, durcheinander'). Given this possibility of early origin and confluence with other phases, the Œdipus complex should still be regarded as the nuclear complex of the neurosis. Where apparently absent it is usually 'early.'

M. Brierley.

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Maxim Steiner. 'Was hat der Sexualarzt der Psychoanalyse zu verdanken ?' *Internationale Zeitschrift für Psychoanalyse*, 1934, Bd. XX, S. 85–92.

A short answer to this question would be : Everything.

The enlightenment in sexual matters which has followed in the wake of psycho-analysis has radically improved the position of the specialist in this field. Furthermore, it has resulted, directly and indirectly, in a diminution in venereal disease, and it has encouraged the victim of sexual disturbance to seek out the physician.

More important still is the attitude which the physician has acquired through psycho-analysis to such problems as those presented by impotence, frigidity, sexual neurasthenia, fears of infection, the disturbances of the climacteric, and many others.

H. Mayor.

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CHILDHOOD

D. W. Winnicott. 'Papular Urticaria and the Dynamics of Skin Sensation.' *British Journal of Children's Diseases*, Jan.-March, 1934, pp. 5–16.

Papular urticaria is a form of urticaria common in infancy and early childhood. The incidence is so high that it is scarcely logical to describe it as a disease, though this is usually done. The current theories of causation are notoriously inadequate, and invariably ignore the chief feature of the condition, namely the compulsive scratching which is not entirely secondary.

In this communication it is suggested that the skin of infants must be regarded as an excitable organ, and that papular urticara is simply a skin excitement, an erection. Excitement can be brought about by external causes—unsuitable clothing, infestation, etc., and by internal causes—the hands have a function here, as in genital masturbation. In troublesome cases these internal causes are themselves complicated in various ways and degrees, and may indicate that the child is having difficulties in regard to anal or genital excitement, and the accompanying unconscious phantasies. When papular urticaria is met with as a distressing disease, the skin has become the site of a battle that is analogous to the battle over anal or genital masturbation.

It is further suggested that, apart from the question of pathogenesis,

it is advisable not to neglect the dynamics of the child's feelings in the consideration of any skin complaint. Certain other common skin conditions are reviewed in their relation to the child's developing emotional state, in illustration of this contention.

The paper is based on general clinical data, and not on psycho-analytic findings.

Author's Abstract.

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Siegfried Bernfeld. 'Die psychoanalytische Psychologie des Kleinkindes.' *Zeitschrift für psychoanalytische Pädagogik*, 1934, Jg. VIII, S. 5–16.

A short survey of the libidinal development of the young child.

Melitta Schmideberg.

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August Aichhorn. 'Kann der Jugendliche Straffällig werden? Ist der Jugendgerichtshof eine Lösung?' *Zeitschrift für psychoanalytische Pädagogik*, 1934, Jg. VIII, S. 77–95.

Aichhorn shews how inadequate it is to deal with juvenile delinquency in court; and how much more successfully the underlying problems can be solved by educational measures or by analysis.

Melitta Schmideberg.

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Anna Freud. 'Die Erziehung des Kleinkindes von psychoanalytischen Standpunkt aus.' *Zeitschrift für psychoanalytische Pädagogik*, 1934, Jg. VIII, S. 17–25.

Anna Freud discusses the difficulties of education, mainly the problems connected with severity and indulgence, without arriving at definite conclusions.

Melitta Schmideberg.

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Hilde Fischer und Lili Peller. 'Eingewöhnungsschwierigkeiten im Kindergarten.' *Zeitschrift für psychoanalytische Pädagogik*, 1934, Jg. VIII, S. 33–36.

The authors shew how anxiety concerning the kindergarten in a four year-old boy was overcome by gentle behaviour.

Melitta Schmideberg.

BOOK REVIEWS

Lo Inconsciente y el Crimen. By R. Vasquez Zamora and Manue Hidalgo. (J. M. Yagües, Madrid, 1932. Pp. 252. Price 5 ptas.)

Dr. Juarros, author of *Los horizontes de la Psicoanálisis*, in his introduction to this work of two young pupils, calls it ' one of the most interesting books recently published in Spain.' Having regard to the very backward condition of psycho-analysis in Spain, and to the practical difficulties which apparently confronted them, the authors are to be congratulated on their courage in making an attempt to show how medical psychology, and more especially psycho-analysis, may illuminate the problems of crime and punishment. Unfortunately the attempt has been made with insufficient means. Indeed, the authors' understanding of analysis hardly improves on that generally displayed by writers antagonistic to it. Dr. Juarros has himself something to say about psycho-analysis in his introduction, and, in view of the great admiration which the authors have for him, it is not altogether surprising to find some of the errors he there makes reproduced in the text.

There is also a somewhat extraordinary (annotated) bibliography comprising books and papers in several languages (pp. 216–247). We imagine the authors would be hard put to it to justify the inclusion of some of the works mentioned, or the exclusion of others, but very likely the practical difficulties already alluded to may have been largely responsible. In the section on periodicals, etc. (pp. 245–247), although Stekel's *Psa. Praxis* and the *Int. Z. f. Individual psychologie* are mentioned, there is no reference to any one of the German psycho-analytical journals.

We can only hope that more favourable opportunities will present themselves to the authors for acquiring a deeper understanding of psycho-analysis, armed with which we feel sure they could render valuable assistance in the campaign for a more rational and humane system of dealing with the criminal.

H. Mayor.

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Psychanalyse et Criminologie. By Dr. Genil-Perrin. (Félix Alcan, Paris, 1934. Pp. 188. Price Frs. 15.)

The aim of the book, as the author explains, is to bring before the general public the problems which arise out of attempts to apply psycho-analysis in the field of criminology, ' having regard to the profound social repercussions which might follow if such ideas were to prevail.' (The author's report to the XVIIe Congrès de Médecine Légale de langue française, i.e. to a group of specialists, was confined to the question of the introduction of psycho-analysis in the sphere of legal medicine—see

Annales de Médecine Légale, May, 1932.) The author begins by putting on record that he is not a psycho-analyst, and stating that when he speaks of psycho-analysis, he means Freud's system, and not those of Jung or Adler.

The first half of the book consists of an exposition of the psycho-analytical theory of crime, preceded by a short, but misleading and inaccurate, introductory chapter on psycho-analysis itself. The former is mainly a summary, substantially accurate, of Alexander and Staub's book, but a considerable amount of space is also given to the views of Señor Camargo y Marin and Herr Coenen, both jurists, and therefore, in Dr. Genil-Perrin's view, peculiarly qualified to express an opinion. No doubt some justification might be found for identifying ' the analytical theory of crime ' with the views of the former two authors, at all events in an elementary presentation of the subject; but this certainly does not hold good for the jurists, whose ideas and claims on behalf of psycho-analysis contain distinctly bizarre elements. Expel Jung and Adler, and they reappear as Coenen and Camargo y Marin. The result is that psycho-analysis is exposed to a good deal of criticism on account of views which are not part of it.

The second half of the book has three sections allocated to the relations between psycho-analysis and the preliminary investigation, legal medicine and general criminology respectively. Each section is sub-divided into two parts, of which one contains the opinions of a number of analysts (almost all French), psychiatrists, sociologists, etc., and the other a critical essay by the author.

It is perhaps not necessary to enlarge on the subject-matter of the first section, since analysts themselves do not regard their science as a means of extracting confessions from an accused, or testing the veracity of a witness. However that may be, the author has his own objections to make, some gravely legal, and others of a more general nature. Speaking of the utilization of analysis to obtain a confession, he says: ' But if the subject resists, how long will the preliminary examination last, when one reflects that the accused has every reason to resist to the very maximum, and that even in therapeutic analyses, when the patient's collaboration can be counted on, the resistance is sometimes only overcome after several months.'

The section on legal medicine (in the sense of expert medical opinion on the accused's mental state) may present points of interest to the analyst. There are the opinions themselves, many of which were given in response to an ' enquête,' of the kind so dear to our friends across the Channel, directed by the author in connection with his report above referred to. It must be admitted that the non-analysts (including the author, in his critical essay) are not very convincing. We may, however, cite here an

observation of Dr. Hänsel, which goes to the heart of the matter. He points out, as others have done, that a practical difficulty results from the difference in the respective standpoints of psycho-analysis, with its thorough-going deterministic attitude, and the criminal law, which is based on the principle of free-will. This part of the book also contains a few case histories, in themselves of some interest.

The same general considerations apply to the last section on ' general criminology,' the questions here being the part which psycho-analysis may play, (1) in penal reform, (2) within the penal system as so reformed, (3) in the prophylaxis of crime. The difficulties which must logically arise from any attempt to introduce a complete psycho-analytical programme into the existing penal system vanish here, and a more coherent exposition becomes possible. We note the very favourable opinions of Ceillier and Heuyer. The author himself, in discussing these topics, is not able to renounce the familiar technique of minimizing the importance of analytic discoveries, etc., but finally contents himself with the observation that psycho-analytic criminology stands or falls by psycho-analysis itself, and leaves it to the reader to refer to the literature. He adds : ' Personally, I do not believe in psycho-analysis,' and states his reasons, which neither bear nor require scrutiny.

The author would appear to possess every qualification for the task he has undertaken in this book, except that of an adequate understanding of psycho-analysis, which unfortunately is essential.

H. Mayor.

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Soviet Russia Fights Neurosis. By Frankwood Williams, M.D. (George Routledge & Sons Ltd., London, 1934. Pp. xix. and 251. Price 8*s.* 6*d.* net.)

The author of this book, a distinguished psychiatrist and a member of the American Psycho-analytic Society, being in Europe, paid a first visit to Russia to investigate the work that especially interested him—mental hygiene. He found unexpectedly so much that was novel, and the preventive work so fascinating and valuable, that he has made several visits to study the new methods and results. Dr. Williams explains that he was ' inclined towards some sort of " liberalism." Extremist radicals I have always looked upon as rather wild, "half-crazy," neurotic or at least seriously maladjusted people suitable rather for a psycho-analytic clinic than jail.'

For mental hygiene in Russia he found no special department for treatment or prophylaxis ; it was the Soviet system that was effecting the cure, and preventing mental illness so efficiently that the director of the Scientific Institute for Neuro-Psychiatric Prophylaxis in Moscow had vainly searched during three months for a new case of manic-depressive

insanity to demonstrate to his students. Indeed, the treatment offered in the hospitals and clinics was no better than seen at home.

But presently it dawned upon him that mental hygiene was being carried on all the time everywhere—in the home, in the factory, in the workshop, in the street, on the farm (?). The anxiety due to environmental factors, worry about business, about the future of oneself, the children, illness, and so on, is eliminated, an anxiety that in so many cases may be the straw that breaks the camel's back. Since security is given and provision made for the usual incidents of life—ill-health, old age, wife (or husband), children, even the middle-aged, whose earlier up-bringing was under vastly different conditions, find themselves without this extra burden of anxiety.

For the children and the young, the new conditions of life are so entirely different from those obtaining in the West that Williams considers that the prophylaxis is almost complete.

The new conditions are according to this writer :

(1) *Economic change.*

No exploitation and economic security from the cradle to the grave.

(2) *Marriage and the family.*

There is no economic bar to early marriage, and no restrictions on divorce ; ' with no reason required other than that the party desires it . . .' ; the divorce rate is said to be falling.

During its first years the crèche and nursery-school look after the child, which is with its parents only from evening till morning. It receives intelligent affection from the mother substitutes.

(3) *The position of women.*

Perfect equality in status ; both husband and wife are working at comparable wages, and neither is economically dependent upon the other.

(4) *Sex.*

The Russian child has known about sex since nursery days. The boys and girls know of their physical difference, but of no other difference except that there are differences between all individuals.

(5) *Religion.*

Postulating no God, but a union with his fellow-men, men will find the security they require. A social order developed on the basis of men's needs will tend to remove oppressive tendencies, thus liberating the libidinal impulses.

Williams considers it possible that ' in the end, we may find ourselves with a Spinozian religion.'

The children will not be taught to pray, but the moral code will ever be simple ; there will not be a double code, one for the school child and an entirely different one for the adult as he enters industrial life. There

will be a complete absence of confusion, and a simple code of ethics adapted to the realities of life.

The author does not claim that the communist state exists; Russia is a community in the process of becoming a communistic state with the ideology that I have just given.

He makes a very effective contrast between the prospects of a Russian and an American youth, all to the advantage of the Russian, but the American prospect is based on things as they are, whilst the Russian is rather in the nature of a prophecy or, perhaps, an intelligent anticipation.

No reference is made by the author to the persecutions, prosecutions and executions which still figure largely in Russian life, nor to the spying in the home, field and factory. These are happenings which, whether justified or not, do seem to detract from the security which the economic system gives.

It seems to the reviewer that the descriptions he gives of the position to-day, of the cures he cites of the neuroses, of alcoholism and drunkenness (which do not differ in principle if they do in their success from the usual occupation-therapy plus ethical injunctions), offer a picture of a country in a condition of exaltation not unlike that seen in the belligerent countries during the first year of the Great War.

But, as Dr. Williams quite properly maintains, the experiment is only at its beginning; if something of the present attitude is maintained for a generation or so, and if no regression occurs, Dr. William's enthusiastic optimism will have been justified.

At all events, here are the psychological observations and the forecast of a psychiatrist who went to Russia rather biassed against cranks, and has come to testify to the divine madness of the Soviet Regime. 'And the greatest fraud of all is that it would seem to be nothing but the commonest of common sense.'

At the present moment, it appears that the great changes have been obtained by strengthening the repressing factors, and in some cases by the identification of the super-ego with Lenin-Russia together with a rational attitude towards sex and religion, thus removing conscious sources of conflict and guilt. Current neuroses, alcoholism, prostitution and delinquency are dealt with by occupation-therapy, by ethical injunctions, which are enthusiastically accepted, and by promises of an economic security which are kept more or less. Deprivations are experienced in equal measure by everyone which the author claims relieves the envy so marked a factor of capitalist society. He believes that human beings can tolerate material deprivation when this is the common lot—witness the rationing that must perforce occur in many explorations such as Polar expeditions. In Russia all share in the enthusiasm for the

new discovery, except those who belong to the ' effete bourgeoise '—a dying class in Russia), and thus have that something that holds man together.

M. D. Eder.

*

Sexual Aberrations. By Dr. Wilhelm Stekel. Translated by Dr. Samuel Parker. (John Lane, The Bodley Head Ltd., London. Two volumes. Pp. ix. + 396. Pp. vi. + 355. Price 30*s.* net.)

These two volumes consist of some seventy cases of different fetishisms, including transvestitism, mostly analysed by Stekel. The analyses are, it would seem, rarely longer than three months—the case of transvestitism was concluded in thirty-three sessions.

Stekel sums up his conclusions as to fetishism in ten commandments (Vol. I., p. 37). He regards it as a complicated compulsion neurosis which also serves the purposes of ascetism. The fetish itself is a substitute for the whole person of an object ; ' the complete possession of an object for the purpose of pleasure doubtless includes the genitals too ' but the fetish might conceivably be a substitute for the mother. ' But is it really possible,' he asks, ' that the shoe, the handkerchief, or the glove can replace the genital (of the mother) ? ' Earlier papers and cases of Freud are quoted, but no reference is made to his paper on fetishism, where he concludes that the fetish is a substitute for the mother's penis, which can be interpreted as the penis of the father in the mother. For Stekel the conflicts of the fetishist represent the conflicts of every civilized man, extremely magnified and distorted. The fetishist is an anarchist and yet a lover of society and social custom. This can be postulated of, a large number of persons, normal and abnormal, who are not fetishists.

Stekel does not seem to think it necessary to find anything specific that shall distinguish fetishism from other sexual oddities, and he has written two large volumes to say this. At the most, he finds in some cases a conditioned reflex.

M. D. Eder.

*

Encyclopædia of Sexual Knowledge. By Drs. A. Costler, A. Willy and others, under the general editorship of Norman Haire, Ch.M., M.B. (Francis Aldor, London. Pp. xxii. + 647. Price 36*s.*)

This translation from the French is intended rather for the general public than for the medical profession. But so far as sexual knowledge goes, with the exception of anatomical facts, the doctor shares the ignorance of the layman and, indeed, is often more at sea than the patient who consults him.

There is a good deal of suffering which could be avoided—can be avoided by more knowledge ; many prejudices can be overcome, many super-

stitions demolished by simple non-sentimental statements—calling *un chat un chat*. On the whole, this encyclopædia presents the material very fairly, but there are a number of remarks in the text, which is by different authors, that can lead to misconceptions; the general editor, however, has corrected the majority of these misleading statements in his footnotes.

On page 122 it is said that the interstitial glands ' are independent organs, situated adjacent to those more important glands which reach their full development at puberty ' ; this hardly makes it clear that the interstitial glands are in the testicle itself.

The divorce between physical love and tenderness, carnal and heavenly love is not the result of the first sexual experience occurring with a prostitute (p. 154). This separation is a very common form of impotency having varying ætiological factors ; repressed homosexuality, unconscious sadism, ambivalent attitude to the mother, and so on.

The writer of the chapter on masturbation is still rather prone to dwell on the possible ill-effects ; the editor correctly points out that the 'neurasthenia ' is due to the guilty feelings associated with it, but the guilty feelings are not entirely due to faulty teaching ; consider what a ready ear such ' faulty teaching ' gets, whilst other teachings, faulty and faultless, fail to find such a ready and eager listener.

It is rather an exaggeration to state that in the treatment of homosexuals ' the psycho-analytic method has found fervid partisans among psychiatrists.' Fervid partisanship would be indeed strange and certainly not in accord with psycho-analytic teaching or the treatment of any form of neurosis or sexual disorder. I do not think that ' at one time it was applied with great enthusiasm ', but any psycho-analyst of some experience will have had a fair number of cases where a change of object love has been effected. Clearly these are selected cases where treatment is sought ; the majority of homosexuals do not seek treatment, although there is no reason to suppose that homosexuals are less subject to neurosis than heterosexuals.

Seeing that a number of authors differing in their points of view have contributed to the work, the positive errors are few. It is too full for the average person who wishes to understand something of the ways in which sex originates, but for whom a mass of detail about sexual aberrations are interesting but not essential ; the aberrants, if they are in difficulties, would be well advised to seek professional advice. On the other hand, the chapter on the prevention of venereal diseases could advantageously be a little more detailed.

Even if the spread of sexual knowledge does not allay as much misery as the authors expect, it is always a good to someone.

The translation has been extremely well done into lucid English with

no hitches. Unlike most foreign works, this book has an excellent index, which greatly increases the value of the book.

M. D. Eder.

*

Psychology and Sacraments. By Frank Craven Carter, B.D. (Williams & Norgate, Ltd., London, 1934. Pp. 142. Price 3*s.* 6*d.* net.)

This volume represents the attempt of an Anglican clergyman to capitalize for church purposes what he has read in psychology. He hopes thus to help pastors to function better in their varied rôles, particularly those of counsellor and healer. Additionally, and especially, he aspires to bridge a gulf which divides church people, namely their attitudes about sacraments, by presenting us with a new and psychological theory of these.

The first service with which Mr. Carter credits psychology is that of having pulled back ' the gorgeous wrapping with which man has been wont to cover up his own unbecoming follies '. The lowest stratum of the creature thus revealed is made up of instincts. Among these the first place must be given to sex—even if this fact is exaggerated by Freud's followers who necessarily find what they seek.

Man's self-ignorance is explained by the hypothesis of the unconscious. Readers of the *Journal* will be interested to learn that ' F. W. H. Myers was the pioneer into this unconscious realm ', and made a map of this territory ' to be filled in in detail by others, among whom Freud and Jung stand out pre-eminently '.

Much in the psychology of Freud is acceptable. But the churchman accuses him of thinking ' that his key will open all locks ', and at the same time of having a materialistic outlook which, ' as with materialistic theories in general, does not go far enough '. Moreover, ' finding the origin of all complex states in the sex instinct, his solution . . . seems to point towards the path of unlicensed expression '. The cloven hoof of the Freudian emphasis was seen recently when a lecturer on marriage problems openly said he thought more people were destroyed by sexual starvation than by promiscuity. Mr. Carter interprets this viewpoint as meaning ' In other words, " Down with the moral fences . . . satisfy yourself " '. Nobler was the theologian who, to show the undesirability of bringing everything to the surface of the mind, said he had heard every variety of obscene words, which formed ' the dustbin of my mind, but the dustbin should not be disturbed '.

An analogy is drawn between our spiritual life and a boatman's attempt to bring his vessel up-stream. He can get part of the way on his own initiative; and for this, psychology supplies him with instruments—particularly suggestion and meditation. But his boat may come to a place where no initiative of his can help it farther, as where there is a

lock. Only by a higher power flooding the lock can we be lifted to a higher level. Now, sacraments are the water by which God, taking the initiative in this way, raises us. He becomes ' the supreme universal hetero-suggester, and the sacraments . . . his affirmations '. To the consideration of these seriatim, Mr. Carter devotes most of the remainder of his book.

Penance is the central sacrament. It, or rather acceptance of God's forgiveness, will alone put right many people who now waste the time of physicians. ' People will submit to the often lengthy . . . process of psycho-analysis, when all that is necessary is for a priest, discerning a sin that is still present, to affirm the authoritative absolution of God and . . . give a rule of life that involves systematic prayer '.

A psychological opportunity offered by Confirmation is that preparation for it gives a chance to impart sexual knowledge. But the best way to do this is stated to be by handing out ' pamphlets published by the White Cross League '.

In matrimony, ' the wisdom of having a marriage contracted under conditions that are most likely to stamp the Unconscious with the recognition of the sacramental aspect is manifest '. At the other, or profane, extreme, ' trial week-ends and the like . . . can only be recognized for what they are when the centre is moved from self to God and from the earthly to the heavenly '. When we are amorous, we should be prepared ' to cut off a hand if need be, or to pluck out an eye that by its love of sensual images is bringing us into hell '.

Holy unction was originally intended as a means of healing the sick by annointing with oil. The psychologically minded pastor will, where duly authorized, restore the sacrament to this use.

In his knowledge ' that he has Sacraments in his possession that are of inestimable value ' for healing, the Christian priest has an advantage over the lay psychologist. His consultation technique will be ' as follows : (1) Like the psycho-analyst (*sic*), by careful questioning he will seek to know the mind of the patient. . . . (2) He will then go on to make an end of the past. This may be by authoritative absolution : it may be by praying with the individual. . . . (3) Constructive lines of re-education. For this purpose he plans out a number of methods varying from annointing with oil . . . to persuasion and positive affirmations. In every case he will follow this up with a rule of life that includes a rule of prayer that in its turn never fails to include the discipline of meditation '.

Obviously this volume is marked by a catholicity of viewpoint, and has tempered its psychology to the shorn lamb of popular understanding.

Pryns Hopkins.

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Phyloanalysis. By William Galt, M.A. With a preface by Trigant Burrow, M.D. (Kegan Paul, Trench and Trubner & Co., Ltd., London. Pp. 161. Price 2*s.* 6*d.* net.)

Trigant Burrow explains in his introductory preface that no verbal description can give an adequate presentation of the disordered feeling processes whose existences are disclosed by this group method. The psycho-analyst can accept this statement from his own experience. But he cannot agree so readily to Burrow's further injunction ' don't think, do '. We want to think and to do.

Obviously the reviewer can deal only with the material Mr. Galt offers him in this little essay. Pages 115–138 represent the last ten minutes of a phyloanalytic group meeting composed of one demonstrator and ten students. The meeting appears to offer an excellent medium for the exposition of the hatred of all the members of the group to one another, and of the group in toto to the demonstrator who, in turn, is able to vent his aggression on the members under the guise of quoting Dr. Burrow ' who has spoken repeatedly of this quite artificial premise assumed by the " I " '. At other meetings there arose more intense forms of emotional disturbance. It is not clear whether love and hate are, in group meetings, permitted to manifest themselves in behaviour, or whether it is confined to words and vocal charges.

There is no lack in any society of manifestations of hate and love—any social function shews this, and there are usually amateur demonstrators enough to point this out ; there is an abundance of teachers of ethics and religion who are not chary in their diatribes. From Galt's account it would not seem that the group meeting goes beyond this where everyone remains of the same opinion still, but we remember Burrow's injunction that no description adequately describes an emotional situation. The interpretations, as given, are confined to the superficial plane. Burrow seems to be of the opinion that in the analytic session there are only present the analyst and the patient ; Olive Wendell Holmes long ago pointed out that in every talk between two persons there are at least six persons involved. Hardly any analytic session occurs without the presence of a whole host of persons ; projection and introjection do not require the physical presence of friends and enemies ; indeed, as this essay shews, this is apt to be a deterring factor.

M. D. Eder.

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Early Social Beliefs and their Social Influence. By Edward Westermarck, Ph.D., Hon.LL.D. (Macmillan & Co., Ltd., London. Pp. 182. Price 7*s.* 6*d.* net.)

These essays, covering a wide field, are distinguished by Westermarck's shrewd observation, his easy learning, powers of exposition and lack of

psychological insight. Commenting upon duties to gods the author writes that men offer up human victims to their gods, of course, because they think that the gods are gratified by such offerings! He considers that the main principle that underlies the practice of human sacrifice is to avert any danger to the sacrificers. That is all; what gratification the god or the human being obtains from killing is not even asked. It seems to Westermarck rather odd that the greatest insult that can be offered a god is to deny his existence or that a god should be so extremely sensitive as to his exact attributes. There is no hint as to the ambivalency, conscious and unconscious, invariably felt to gods or their earthly originals.

In a chapter treating of marriage he cannot avoid, of course, mentioning sexual relations, but he is content to remark that the discharge of sexual matter is looked upon as a pollution by virtue of 'the veil of mystery which surrounds the whole sexual nature of man'. It would seem that the writer himself, sharing in this belief, is afraid to penetrate the veil. Woman is a useless animal particularly during menstruation, no doubt on account of its 'marvellous nature'. Natural curiosity would seem to ask why is this more marvellous than other aspects of human physiology. Such questions are dangerous, do not pry too closely; you may learn something unpleasant about your own society.

Westermarck's interpretation of the prophylactic rites attending marriage ceremonies all over the world is that danger threatens the marrying couple because they are doing something for the first time, and that the act sanctions sexual intercourse, itself a peril and 'a mysterious cause of evil'; it would seem as 'mysterious' to the writer as to the observers of these rites.

But mysteries are bores if no one undertakes to solve them; now the peril is no longer mysterious except to some anthropologists.

However, whosoever is seeking interesting tit-bits about the customs and habits of primitive civilized man will find a mine of comparative and accurate information in this short collection of diverse studies. Westermarck is one of the ablest exponents of nineteenth-century rationalism; he remains impervious to the ideas, to the theories, especially the psychological and anthropological theories, of the present century now in its fourth decade. This limitation has its merits, but it has also certain disadvantages.

M. D. Eder.

*

Constitution and Health. By Raymond Pearl. (Kegan Paul, Trench, Trubner & Co., Ltd., London. Pp. 97. Price 2*s.* 6*d.*)

The following quotation will, perhaps, best make clear the American biologist's point of view. 'An eminent American biologist in discussing the personality of another distinguished biologist, lately deceased, speaks

of the " maternal genes of industry and unconquerable devotion for his personal mother ! It can only be regarded as a pity that he failed to note on a chromosome map the *locus* of the gene for unconquerable devotion ! " '

Constitution and the relation of human form to human nature have led to a vast amount of speculation on types. Pearl's conclusion is that there are no types in the strict sense but only transitions which fit into a normal frequency curve.

This little essay of this great biologist, informed as it is by the spirit of science, by wisdom and love, emphasizes the need for extreme caution in drawing conclusions from statistical data in regard to the inheritance of human character. Mankind may be destroyed by the civilization he has evolved unless " he learns better to comprehend, develop and control his biological nature ". There is not much evidence of his wish to do this '.

M. D. Eder.

BULLETIN OF THE INTERNATIONAL PSYCHO-ANALYTICAL ASSOCIATION

EDITED BY
EDWARD GLOVER, GENERAL SECRETARY

REPORTS OF PROCEEDINGS OF SOCIETIES

THE AMERICAN PSYCHO-ANALYTIC ASSOCIATION

(A Federation of the American Psycho-Analytic Societies)

The thirty-third meeting of The American Psycho-Analytic Association was held at The Hotel Drake, Chicago, Illinois, on December 22, 1934. The Permanent President, Dr. A. A. Brill, presided at all sessions.

Dr. C. P. Oberndorf reported that the committee appointed to consider constitutional questions had met and deliberated. He stated that the recommendations of the committee would be presented to the local societies concerned for their consideration.

Scientific meeting: 'Presidential Address' by Dr. A. A. Brill; 'On the General Dynamic Analysis of Unconscious Processes' by Dr. Franz Alexander; 'Psychogenic Factors in Urological Disorders' by Dr. Karl A. Menninger; 'Psycho-Analysis of Space' by Dr. Paul Schilder; 'Vicissitudes of Sublimation' by Dr. Joseph Chassell; 'A Dynamic Analysis of Giving' by Dr. Thomas M. French; and 'The Analysis of a Case of Asthma' by Dr. C. P. Oberndorf.

In the evening visiting members of the Association were entertained at a banquet given by the Chicago Psycho-Analytic Society.

Ernest E. Hadley, M.D.,
Secretary.

BOSTON PSYCHO-ANALYTIC SOCIETY

Second and Fourth Quarters, 1934

April 30, 1934. Annual Meeting: The following officers were re-elected unanimously: Dr. Martin W. Peck, *President;* Dr. John M. Murray, *Vice-President;* Dr. M. Ralph Kaufman, *Secretary-Treasurer.*

The President appointed a committee to act in the matter of the Constitution of the American Psycho-Analytic Association.

May 25, 1934. Special meeting for discussion of the proposed Constitution of the American Psycho-Analytic Association.

A proposal for the founding of a Psycho-Analytic Institute was referred to the Educational Committee.

November 6, 1934. *Scientific Session:* A review of Wilhelm Reich's '*Characteranalyse*' by Dr. M. Ralph Kaufman.

Business Session: Mr. Erik Homburger's application for transfer of his membership from the Vienna Society was unaminously approved.

Dr. Hanns Sachs reported on the Lucerne Congress.

The resignation of Dr. Henry Murray, Jr., as Chairman of the Educational Committee and the election of Dr. M. Ralph Kaufman to succeed him was reported.

November 24, 1934. Dr. Herman Nunberg was the speaker at a special meeting of the Society on the subject of ' Guilt Feeling '.

December 12, 1934. Dr. Jacob Finesinger was elected to membership of the Society.

The representative to the Constitution Committee of the American Psycho-Analytic Association reported on the progress to date. There was a discussion of the Lucerne resolutions relating to training regulations. The following resolution was accepted by the Society :—

' Resolved that this Society request the International Training Commission, through its Executive, to hold paragraph 8 of the Lucerne resolutions void insofar as it applies to America '.

The Committee on the Institute reported. The following members were appointed to act in conjunction with the Committee previously named : Dr. John M. Murray, *Chairman*, Dr. Wm. Barrett and Dr. M. Ralph Kaufman, Dr. Coriat, Dr. Sachs and Dr. Hendricks.

The Chairman of the Educational Committee reported on the candidates admitted to seminars.

In addition to Drs. Sachs, Kaufman and Hendricks, Drs. Coriat, William Herman and John Murray were recognized by the Educational Committee, and approved by the Society as training analysts.

December 17, 1934. Dr. Dorian Feigenbaum (New York) read a paper on ' Morbid Shame ', at a special meeting of the Society.

The Boston Psycho-Analytic Society, through its Educational Committee, offers for the academic year of 1934–1935 a series of seminars and lecture courses to practising analysts, candidates in training and others eligible.

It is the hope of the Society to have a fully functioning Psycho-Analytical Institute in the fall of 1935.

BRITISH PSYCHO-ANALYTICAL SOCIETY

Fourth Quarter, 1934.

October 3, 1934. (1) Dr. Jones gave an account of the Lucerne Congress.

(2) Dr. Glover : ' Some Aspects of Psycho-Analytical Research '.

October 17, 1934. Miss Sheehan-Dare : ' Technique in Relation to Phantasy '.

November 7, 1934. Miss Grant Duff : ' A Psycho-Analytical Study of Hitler's *Mein Kampf* '.

November 21, 1934. Short communications :

(1) Dr. Melitta Schmideberg : ' On suicide '.

(2) Dr. Scott : ' A delusion of identity '.

December 3, 1934. (1) Dr. Yates: 'Some Aspects of the problem of Time with particular reference to Music'.

(2) Princess Marie Bonaparte (guest of the Society) opened a short discussion on 'Problems of female Sexuality'.

Edward Glover,
Hon. Scientific Secretary.

Changes of Address

Dr. Cohn, 45 Belsize Park, N.W.3.
Dr. Eder, 3 Devonshire Place, W.1.
Dr. Fuchs, 34 Ridgemount Gardens, W.C.1.
Dr. Scott, Maudsley Hospital, Denmark Hill.
Miss Sheehan-Dare, 3 Bulstrode Street, W. 1.
Dr. Yates, 28 Weymouth Street, W. 1.

CHICAGO PSYCHO-ANALYTIC SOCIETY

Fourth Quarter, 1934

October 6, 1934. *Scientific Meeting.* Three reports of the XIII. International Psycho-Analytical Congress, at Lucerne, 1934:

(1) 'Résumé of the Scientific Programme of the Congress', by Thomas M. French, M.D.

(2) 'Report of the Proceedings of the Training Commission and Business Meetings at the Congress', by Franz Alexander, M.D.

(3) 'General Remarks concerning the Congress', by Karl A. Menninger, M.D.

Business Meeting. Discussion of mid-year meeting of Federation of American Psycho-Analytic Societies.

October 20, 1934. *Scientific Session.* 'Psychological Factors in Urological Pathology', by Karl A. Menninger, M.D.

Business Meeting.

November 3, 1934. *Scientific Meeting.* (1) 'Note on a Criminal whose Crimes are Compensations for his Neurotic Mechanisms', by Alan Finlayson, M.D.

(2) 'Social Prestige and Castration Anxiety', by Helen Vincent McLean, M.D.

Business Meeting.

November 17, 1934. *Scientific Meeting.* 'Consciousness in Petit Mal', by Ralph C. Hamill.

Business Meeting.

December 8, 1934. *Scientific Meeting.* 'Dynamic Analysis of Giving', by Thomas M. French, M.D.

Business Meeting.

Helen Vincent McLean,
Secretary-Treasurer.

DANISH-NORWEGIAN PSYCHO-ANALYTICAL SOCIETY

Fourth Quarter, 1934

September 14, 1934. Re-constitution of the Society as a Branch Society of the International Psycho-Analytical Association.

Election of Council: Professor Schjelderup, *President;* Dr. Fenichel, Dr. Landmark.

October 12, 1934. Dr. Landmark: 'The Problem of Tender Emotions'.

October 18, 1934. Reading of a paper by Frau Kramer (Riga): 'The Analysis of a Severe Obsessional Neurosis'.

Election of Member: Frau Kramer, Riga, PIkv. Brieza Jela 7/33.

October 26, 1934. Dr. Fenichel: 'The Death Instinct, Anxiety and Psycho-Analytic Technique'.

October 31, 1934. Review of Radó's: *'Der Kastrationskomplex des Weibes'.*

November 8, 1934. Frau Christensen (guest of the Society): Clinical report.

November 16, 1934. Dr. Bråtoy (guest of the Society): 'The Problem of Suicide'.

November 22, 1934. Review of Sachs': *Verspätung des Maschinenzeitalters.*

November 29, 1934. Dr. Landmark: Clinical report.

December 6, 1934. Frau Christensen (guest of the Society): 'The Concept of the Ego'.

December 13, 1934. Review of Sterba's: 'The Fate of the Ego in Analytic Therapy'.

Dr. Fenichel has initiated a Study Circle on The Introduction to Psycho-Analysis (Attendance 30), and also a Seminar on the works of Freud (Attendance 8). Both courses will be continued.

Fenichel.

DUTCH PSYCHO-ANALYTICAL SOCIETY

Third and Fourth Quarters, 1934

September 29, 1934 (Oegstgeest). (1) Dr. H. C. Jelgersma: 'Analytical Notes on the Character of Epileptics'. (2) Dr. S. J. R. de Monchy: 'An Anxiety-Neurosis in a Five-year-old Girl'.

October 27, 1934. (Amsterdam.) Dr. J. H. van der Hoop: 'Sexuality, Morality and Philosophy of Life'.

December 8, 1934. (The Hague.) (1) Dr. S. J. R. de Monchy: 'Neurotic disturbances of micturition'.

(2) Dr. F. P. Muller: 'A typical dream'.

(3) Dr. Th. van Schelven: A clinical communication.

Election of Associate Member : Fräulein P. H. C. Tibout, Nerve Specialist, 717 Prinsengracht, Amsterdam, C.

A. Endtz,
Secretary.

FINNISH-SWEDISH PSYCHO-ANALYTICAL SOCIETY

I. *Meetings*

September 24, 1934. *Business Meeting :* Communication of the decision of the Thirteenth International Psycho-Analytical Congress with reference to the founding of the Finnish-Swedish Branch Society. Associate Members were co-opted. A syllabus for training and lecture-courses was drawn up. It was resolved to found a psycho-analytical library.

October 15, 1934. Dr. L. Jekels : ' The Dualism of Instinct in Dreams '. (A paper read at the Lucerne Congress.)

December 13, 1934. (Meeting for members and guests.) Dr. L. Jekels : ' The Psychology of the Festival of Christmas '.

II. *Abstracts of Psycho-Analytical Literature*

October 11, 1934. Ekman : Freud's *Traumdeutung.*

October 23, 1934. do. do. do.

November 15, 1934. do. do. do.

December 19, 1934. Sandström : ' On the Problem of Femininity and the prædipal Phase '.

III. *Control-Seminars*

Control-Seminars were held on October 5, October 16, November 13 and December 12, by Sandström, Nycander, Törngren and Ekman.

IV. *Lectures*

November 8, 1934. Jekels : Psycho-Analytical Psychology.

November 12, 1934. Ekman : Parapraxes and Dreams.

November 19, 1934. Tamm : Sexuality in Children.

November 26, 1934. Sandström : Psychology of the Ego.

December 13, 1934. Törngren : The Foundations of the Neuroses.

Alfhild Tamm,
Secretary.

FRENCH PSYCHO-ANALYTICAL SOCIETY

Fourth Quarter, 1934

The first meeting of the winter session was held on October 16, with the President, Dr. A. Borel, in the Chair.

M. Malinowski, who has just returned from Africa, where he has been carrying on his researches, was present as the Society's guest.

Notice was received that Madame Odette Codet and Dr. Lacan desired to stand for election to the Society.

The meeting of the Ninth Conference of French-speaking Psycho-Analysts has had to be postponed. It was decided that it should take place at the end of January, 1935.

Dr. R. Loewenstein read a paper entitled: 'Some Reflections on Disturbances of Potency'.

Since this paper is a résumé of Dr. Loewenstein's thesis for the Doctorat d'Etat, it will not at present be published.

November 20, 1934. *Election of Associate Members:* Madame Codet and Dr. Lacan.

It was announced that the date of the Ninth Conference of French-speaking Psycho-Analysts would be fixed at the December meeting. It would be some time between the 25th and the 31st of January.

Dr. Charles Odier: 'Instinctual Conflicts and Bisexuality'.

New Associate Members

Madame Odette Codet, 10 rue de l'Odéon, Paris VI.

Docteur Lacan, 149 rue de la Pompe, Paris XVI.

Changes of Address

Dr. Ed. Pichon, Méd. des Hôpitaux, 48 Avenue la Bourdonnais, Paris VII.

Dr. John Leuba, *Secretary*, 6 rue Pierre Ducreux, Paris XVI.

Dr. Hélot, 8 Place Masséna, Nice (Alpes Maritimes).

M. Schlumberger, 24 Avenue de Lamballe, Paris XVI.

We are requested to announce that Madame Reverchon-Jouve has received the degree of Doctor of Medicine.

Dr. J. Leuba,
Secretary.

GERMAN PSYCHO-ANALYTICAL SOCIETY

Fourth Quarter, 1934

October 2, 1934. Report of the Lucerne Congress by Benedek, Boehm, and others.

The President, Boehm, gave a Memorial Address on Behn-Eschenburg, late member of the Swiss Society. He then gave a survey of the scientific papers read at the Lucerne Congress by the following members of the German Psycho-Analytical Society: Benedek, Boehm, Jacobsohn, Kemper, Kluge, Vowinckel.

Frau Benedek outlined the different trends of psycho-analytical thought represented at the Congress.

October 6, 1934. *Annual General Meeting.* Before the meeting began, Frau Dr. Vowinckel read her Lucerne Congress paper, entitled: 'A Contribution to the Theory of Schizophrenia'.

Dr. Boehm, President of the Society and Director of the Institute, presented the annual reports of the Society and the Polyclinic.

Müller-Braunschweig reported on the work of the Training Committee, and on the Society's finances.

Frau Vowinckel reported on the Training Loan Fund.

The annual reports were adopted.

Election of Council. The following were re-elected : *President of the Society and Director of the Polyclinic :* Boehm ; *Secretary, Treasurer, Director of the Training Institute and President of the Training Committee :* Müller-Braunschweig. Frau Vowinckel was elected third member of the Council, with the duty of administering the Loan Fund. The following were re-elected auditors of the accounts : Kemper and Mette.

Election of Training Committee : Boehm, Kemper, Ada Müller-Braunschweig, Carl Müller-Braunschweig (*President*), Frau Weigert-Vowinckel.

It was announced that, at the request of the local authorities, in order to avoid confusion with institutions subsidized by the State or municipality, it had been decided to change the name of the Institute. It will no longer be known as the ' Berlin Psycho-Analytical Institute ', but simply as the ' Psycho-Analytical Institute ', while the ' Polyclinic and Training School ' will be known as the ' Out-Patient Centre and Training School '.

October 26, 1934. Frau Dr. Irene Hänel-Guttmann : ' The Treatment of Schizophrenia '.

November 1, 1934. Dr. Schultz-Hencke : ' The Development of a State of Excitement in a Catatonia '.

Election of Associate Member : Frau Dr. med. Irene Hänel-Guttmann.

November 27, 1934. Dr. Boehm : ' Two Cases of Schizophrenia '. At the beginning of the meeting the Chairman referred to the recent removal on Saturday, November 10, of the Society and the Institute to their new quarters at No. 10 Wichmannstrasse. This was in many ways a change for the better, and he wished to thank all those who had assisted towards the removal, and in the arrangement and furnishing of the new rooms.

December 4, 1934. Frau Dr. Therese Benedek : ' Exalted Ideas and their Relation to Morbid Cravings '.

December 7, 1934. Dr. Boehm : Further notes on the cases of schizophrenia discussed in his paper of November 27.

Resignations : Since the Lucerne Congress the following members have resigned from the Society : Alexander, Fliess, Steff Bornstein, Meng, Vollrath, Annie Reich, Sachs, Fenichel, Nic. Hoel, Gerö, Landmark, Raknes. The five last have joined the new Scandinavian Society, Meng the Swiss Society, and the others, with the exception of Vollrath and Steff Bornstein, one or other of the American Societies. At the time of sending this report our own Society has a total membership of 39 ; 28 in Germany, and 11 abroad.

Changes of Address

(1) Else Fuchs, now Frau Else Heilpern (geb. Fuchs), has left Berlin for Vienna I, Rudolfplatz 3/17.

(2) Edith Vowinckel, Dr. med., now Frau Edith Weigert-Vowinckel, Dr. med. Her address is still Berlin-Charlottenburg, Dernburgstrasse 34.

(3) Ewald Roellenbleck, Dr. phil., Berlin W. 15, Sächsischestrasse 72.

(4) Irene Hänel-Guttmann, Dr. med., Berlin-Westend, Nussbaumallee 40. (Elected Associate Member, *November* 1, 1934.)

(5) Gerhard Witt, Dr. med., Berlin-Charlottenburg 9, Fredericiastrasse 4*a*.

(6) Karen Horney, Dr. med., 20 East 76th Street, New York.

Dr. Carl Müller-Braunschweig,
Secretary.

SOCIETY OF PSYCHO-ANALYSTS IN HOLLAND

Fourth Quarter, 1934

During this period meetings have been held weekly at The Hague. At one meeting in every month a scientific paper was read by one of the members, while the other evenings were apportioned between short communications, accounts of various difficult cases, and a report by Blok of the progress of a particular case.

The Society has suffered a very heavy loss in the decision of its President and Founder, Dr. van Ophuijsen, to take up work in South Africa. He never spared himself in the service of our Society and, if psycho-analysis becomes firmly established in Holland, it will be thanks to his efforts.

Van Emden has been elected President in his place.

After a year's absence our colleague, Katan, has returned, and will practice at the following address: Prinsevinkenpark 5, The Hague.

A. M. Blok,
Secretary.

HUNGARIAN PSYCHO-ANALYTICAL SOCIETY

Third and Fourth Quarters

September 28, 1934. Dr. M. Bálint: 'The Ultimate Aim of Psycho-Analytic Treatment'.

October 12, 1934. Dr. I. Hermann: 'New data on the Comparative Psychology of Primates'.

October 26, 1934. Mrs. Dr. L. K. Rotter: Abstract of Radó's *Kastrationskomplex des Weibes*.

November 9, 1934. Mrs. Dr. F. K. Hann: 'Some Clinical Contributions'.

December 7, 1934. (1) Dr. M. Bálint: 'On the analysis of fetichism'.
(2) Mrs. A. Bálint: 'Points from the analysis of a homosexual woman'.

Dr. I. Hermann,
Secretary.

NEW YORK PSYCHO-ANALYTIC SOCIETY

Fourth Quarter, 1934

During the summer months the Society held no regular meetings. The first meeting, which was held on October 30, was given over almost entirely to the recent Lucerne Congress. Dr. Oberndorf presented a report on present activities and future plans of the *Verlag*. Dr. Lewin reported on actions of the Congress on matters peculiarly American, and on the proceedings of the Congress and of the plenary session of the Training Commission in general. To obtain some of the atmosphere of the Congress for those who had been unable to attend, Doctors Lewin and Feigenbaum were asked to repeat papers which they had read at Lucerne. Dr. Lewin's paper was entitled ' The Meaning of the Fear in Claustrophobia ', and Dr. Feigenbaum's ' Morbid Shame : a Clinical Contribution to the Castration Complex in Women '. A very interesting meeting was brought to a close by Dr. Radó with a short summary of his impressions of the scientific sessions of the Congress.

At the regular meeting of the Society on November 27, Dr. Smiley Blanton gave a paper on ' An Analysis of the Symptom of Stuttering ', and Dr. Fritz Wittels ' A Short Communication on the Signature of a Kidnapper '.

At the meeting of the Society held on December 18, officers for the coming year were nominated, to be voted on at the January meeting, The Scientific Session consisted of a paper by Dr. Margaret A. Ribble : ' Aggression and Regression in a Child with Petit Mal '.

During the half year covered by the report, there have been no additions to or subtractions from the membership.

George E. Daniels,
Secretary.

PALESTINE PSYCHO-ANALYTICAL SOCIETY

Fourth Quarter, 1934

October 13, 1934. (Jerusalem.) (1) Opening of the Psycho-Analytical Institute. Inaugural Address by Dr. Eitingon. The Institute contains a well-stocked lending-library of psycho-analytical literature, for the use of members throughout Palestine.

(2) Dr. Eitingon : Report of the International Congress at Lucerne.

Business Meeting. (1) *Election of Members* : Professor M. Pappenheim (Tel-Aviv), Associate Member of the Vienna Psycho-Analytical Society, and Dr. K. Bluhm (Jerusalem), Associate Member of the German Psycho-Analytical Society.

(2) It was agreed to postpone for a year the founding of lending-libraries at Tel-Aviv and Haifa.

(3) It was further decided to draw up a glossary of Hebrew equivalents for technical analytical terms.

November 10, 1934. (Tel-Aviv.) Dr. Dreyfus: 'The Significance of Traumas in True Epilepsy'. (To be published.)

List of Members

Dr. med K. Bluhm, Jerusalem-Rechawia B. Abarbanel Str.
Dr. med. M. Eitingon, Jerusalem-Talbye.
Prof. Dr. med. M. Pappenheim, Tel-Aviv, Achad Hamm Str. 49.
Dr. med. I. Schalit, Haifa, Jerusalem Str. 16.
Dr. med. A. Smeliansky, Tel-Aviv, Balfour Str. 57.
Dr. med. M. Wulff, Bd. Rothschild 38.

Honorary Members

Dr. Eder, London.
Anna Freud, Vienna.

I. Schalit,
Secretary.

SWISS PSYCHO-ANALYTICAL SOCIETY

Fourth Quarter, 1934

October 20, 1934. Visit to the Hospital at Malévoz (Wallis).

Dir. Dr. A. Repond: 'The Resistance of French Psychiatrists to Psycho-Analysis'.

November 17, 1934. Dr. Sarasin, Dr. Boss and Dr. Blum spoke in memory of the late Vice-President, Dr. med. Hans Behn-Eschenburg.

Dr. Christoffel (Basle): (1) Review of a book by Lange on the consequences of castration in adults.

(2) 'The psychology and symbolism of left and right'.

December 8, 1934. Cand. phil. W. Hennig (guest of the Society): 'Freud's Theory of Identification'. (A summary of the author's dissertation, at the University of Basle, on taking the degree of Doctor of Philosophy.)

Omitted from the Report of the Second Quarter

June 23, 1934. *Election of Member:* Frau Dr. Fromm-Reichmann, Strassburg.

Hans Zulliger,
Secretary.

VIENNA PSYCHO-ANALYTICAL SOCIETY

Fourth Quarter, 1934

October 3, 1934. Dr. Ernst Paul Hoffmann: 'A Stage in the Development of the Ego'.

October 17, 1934. *General Meeting.* Agenda: (1) Report of the Council (Federn). (2) Treasurer's Report (Bibring). (3) Report of the

Out-Patient Centre (Hitschmann). (4) Report of the Training Committee (H. Deutsch). (5) Report of the Child Guidance Centre (Aichhorn). (6) Report of the *Verlag* (M. Freud). (7) Librarian's Report (R. Wälder). (8) Decision as to the subscription to be paid by members for the year 1935. It was resolved that there should be no change in the rate of subscription. (9) Retirement of officers.

(10) Election of officers. As usual, Professor Freud was elected *President* by acclamation. *Election of Council :* Dr. Paul Federn and Anna Freud, *Vice-Presidents ;* Dr. Robert Wälder and Dr. Heinz Hartmann, *Secretaries ;* Dr. Edward Bibring, *Treasurer ;* Dr. Richard Sterba, *Librarian.*

Executive of the Clinic : Dr. Eduard Hitschmann, *Director ;* Dr. Otto Isakower, *Assistant Director ;* Dr. Hans Lampl, *Treasurer ;* Dr. Edmund Bergler.

Training Committee : Dr. Helene Deutsch, *President ;* Anna Freud, *Vice-President ;* Dr. Edward Bibring, *Secretary ;* August Aichhorn, Dr. Grete Bibring-Lehner, Dr. Paul Federn, Dr. Eduard Hitschmann.

Child Guidance Centre : August Aichhorn, *Director.*

A vote of thanks was passed to Dr. Robert Hans Jokl, the first secretary of the Society, who had held that office for many years.

October 31, 1934. Dr. Ernst Kris : ' The Psychology of the Older School of Biography '.

November 14, 1934. (1) Dr. Richard Sterba : ' Two verses of Schiller's poetry '.

(2) Dr. Eduard Hitschmann : ' Distressing dreams ' (continued).

(3) Dr. Editha Sterba : ' An observation of child-psychology '.

November 28, 1934. Dr. Maxim Steiner : ' Dream-Symbolism of the Analytic Situation '.

December 19, 1934. Doz. Dr. Felix Deutsch : ' Euthanasia '.

Business Meeting. In accordance with our annual custom, the following were co-opted to the Council : *The Director of the Out-Patient Centre* (Dr. E. Hitschmann) ; *the President of the Training Committee* (Dr. H. Deutsch) ; *the Director of the Child Guidance Centre* (A. Aichhorn).

The following were co-opted retrospectively to the Training Committee : Dr. H. Hartmann and Dr. R. Wälder.

With the consent of the Central Executive the following members of the German Psycho-Analytical Society have transferred their membership to the Vienna Society : Steff Bornstein, Franziska Deri, and Dr. Annie Reich.

The following members have resigned from the Society in order to join the new Branch Societies in the localities where they now reside : Erik Homburger (Boston), Prof. Dr. Martin Pappenheim (Tel-Aviv), Dr. Alfhild Tamm (Stockholm).

Election of Members : Dr. Nicola Perrotti, Rome ; Dr. Emilio Servadio, Rome.

Dr. Robert Wälder,
Secretary.

WASHINGTON-BALTIMORE PSYCHO-ANALYTIC SOCIETY

Fourth Quarter, 1934

October, 1934. (1) Dr. William V. Silverberg : ' Note on a Theory of Exhibitionism '.

(2) *Business Meeting.* Dr. Benjamin Weininger, Dr. Ralph Crowley and Dr. Charles Balfour were elected as Students-in-Training. Announcement of courses by Training Committee.

November, 1934. Dr. Edward Hiram Reede : ' Psychic Pioneers ; Marie Henri Beyle ; 1783–1842 '.

December, 1934. (1) Dr. Gregory Stragnell : ' Personal Impressions of the Status of Mental Hygiene in Russia '.

(2) *Business Meeting.* Resolutions announcing attitude of the Society towards the new Constitutional status of the American Psycho-Analytical Association (a Federation of the Psycho-Analytic Societies of America) were passed.

Bernard S. Robbins,
Secretary-Treasurer.